

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 25, 2008
Secretary of State**

DOCUMENT# P05000153312

Entity Name: PRO MED DIRECT, INC.

Current Principal Place of Business:

2170 SUNNYDALE BLVD
SUITE X
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2170 SUNNYDALE BLVD
SUITE X
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 20-3797852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMITZ, KATHLEEN M
11368 93RD ST. N.
LARGO, FL 33773 US

Name and Address of New Registered Agent:

SCHMITZ, KATHLEEN M
2100 13TH AVE SW
LARGO, FL 33770 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

09/25/2008

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SCHMITZ, KATHLEEN M
Address: 11368 93RD ST. N.
City-St-Zip: LARGO, FL 33773

Title: D () Delete
Name: SMITH, STEVEN R
Address: 9227 NILE DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHMITZ, KATHLEEN M
Address: 2100 13TH AVE SW
City-St-Zip: LARGO, FL 33770

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD () Change (X) Addition
Name: SCHMITZ, MICHAEL F
Address: 2100 13TH AVE SW
City-St-Zip: LARGO, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MICHAEL F. SCHMITZ
Electronic Signature of Signing Officer or Director

STD

09/25/2008

Date