

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000153312

Entity Name: PRO MED DIRECT, INC.

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**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, MICHAEL F  
2100 13TH AVE SW  
LARGO, FL 33770 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL F SCHMITZ

STD

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date