

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000014893

**FILED**  
**Aug 26, 2009**  
**Secretary of State****Entity Name:** MEDPROS OF AMERICA, INC.**Current Principal Place of Business:**26 LAKE ARROWHEAD DRIVE  
WINTER HAVEN, FL 33880 US**New Principal Place of Business:**800 VIRGINIA AVE  
SUITE 48  
FT PIERCE, FL 34982 US**Current Mailing Address:**26 LAKE ARROWHEAD DRIVE  
WINTER HAVEN, FL 33880 US**New Mailing Address:**800 VIRGINIA AVE  
SUITE 48  
FT PIERCE, FL 34982 US**FEI Number:** 20-4223971**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SEYMOUR, PAMALA A  
26 LAKE ARROWHEAD DRIVE  
WINTER HAVEN, FL 33880 US**Name and Address of New Registered Agent:**SEYMOUR, PAMALA A  
800 VIRGINIA AVE  
SUITE 48  
FT PIERCE, FL 34982 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:** PAMALA A SEYMOUR

08/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PRES ( ) Delete  
**Name:** SEYMOUR, PAMALA A  
**Address:** 26 LAKE ARROWHEAD DRIVE  
**City-St-Zip:** WINTER HAVEN, FL 33880 US**Title:** VP ( ) Delete  
**Name:** SEYMOUR, MORRIS T  
**Address:** 26 LAKE ARROWHEAD DRIVE  
**City-St-Zip:** WINTER HAVEN, FL 33880 US**Title:** TRES ( ) Delete  
**Name:** MOCK, DON  
**Address:** 1183 CLEARPOINTE WAY  
**City-St-Zip:** LAKELAND, FL 33813 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change ( ) Addition  
**Name:** SEYMOUR, PAMALA A  
**Address:** 800 VIRGINIA AVE SUITE 48  
**City-St-Zip:** FT PIERCE, FL 34982 US**Title:** VP (X) Change ( ) Addition  
**Name:** SEYMOUR, MORRIS T  
**Address:** 800 VIRGINIA AVE SUITE 48  
**City-St-Zip:** FT PIERCE, FL 34982 US**Title:** TRES (X) Change ( ) Addition  
**Name:** MOCK, DON  
**Address:** 2400 S OCEAN DR C714  
**City-St-Zip:** FT PIERCE, FL 34949 US

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:** DON MOCK

TRES

08/26/2009

Electronic Signature of Signing Officer or Director

Date