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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000071015 (0)**

1. Corporation Name
PRO-MEDICAL, INC.

Principal Place of Business
2801 S.W. COLLEGE RD.
22
OCALA FL 34474
US

Mailing Address
P O BOX 380
OCALA FL 34478-0380
US

3. Date Incorporated or Qualified: 10/13/1993
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business
21 Same
Suite, Apt. #, etc.
22 Same
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P O Box 380
Suite, Apt. #, etc.
27
City & State
28 Same
Zip 29 Country 30

4. FEI Number: 59-3208085 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FELS, LINDA K
2801 S.W. COLLEGE RD.
UNIT ~~25~~ 22
OCALA FL 34474

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 UNIT 22
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BOLEY, MICHAEL J	
STREET ADDRESS	2901 SW 41ST ST., #3613	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☐ DELETE
NAME	BOLEY, SANTFORD R II	
STREET ADDRESS	336 N.E. LAKEVIEW DR.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	☐ DELETE
NAME	FELS, LINDA K	
STREET ADDRESS	7685 S.W. 80TH ST.	
CITY-ST-ZIP	OCALA FL 34476	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)