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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

2801 S.W. COLLEGE RD.
22
OCALA FL 34474
US

P.O BOX 380
OCALA FL 34478
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1993

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2760 SE 17th STREET

Suite, Apt. #, etc.

22 Bldg 200

City & State

23 Ocala, FL

Zip

24 34471

Country

25 Marion

2a. Mailing Address

26 same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

FELS, LINDA K

2801 S.W. COLLEGE RD.

~~UNIT 22~~

OCALA FL ~~34474~~

2760 SE 17th Street
Bldg 200
Ocala, FL 34471

10. Name and Address of New Registered Agent

81 Name

82

Street Address (P.O. Box Number is Not Acceptable)

2760 SE 17th Street

83

Bldg 200

84 City

FL

85

Zip Code

34471

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: *Linda K Fels* *Linda K Fels*

4/29/98
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BOLEY, MICHAEL J

STREET ADDRESS 2901 SW 41ST ST., #3613

CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE

NAME BOLEY, SANTFORD R II

STREET ADDRESS 336 N.E. LAKEVIEW DR.

CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ DELETE

NAME FELS, LINDA K

STREET ADDRESS 7685 S.W. 80TH ST.

CITY-ST-ZIP Ocala FL 34478

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 Boley, Michael J.

1.3 STREET ADDRESS 1129 SE 14th Terrace

1.4 CITY-ST-ZIP Ocala FL 34471

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 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.

SIGNATURE: *Linda K Fels* *Linda K Fels*

352-867-8898

CR2E034 (10/97)