

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90013 029 \*\*\*150.00

**DOCUMENT # P93000071015**

1. Entity Name

**PRO-MEDICAL, INC.**

Principal Place of Business

2760 SE 17TH STREET  
BLDG. 200  
OCALA FL 34471  
US

Mailing Address

P.O. BOX 380  
OCALA FL 34478-0380  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3208085**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELS, LINDA K**  
2760 SE 17TH STREET  
BLDG 200  
OCALA FL 34471

(Married)

Name **KNOP, LINDA K**

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

**500 TRINITY LAKE**

**Apartment 11213**

City **ST Petersburg**

FL

Zip Code **33716**

8. 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 **Linda Kaye Knop**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/19/01**  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOLEY, MICHAEL J</b> <b>1129 SE 14TH TERRACE</b> <b>OCALA FL 34471</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOLEY, SANTFORD R II</b> <b>336 N.E. LAKEVIEW DR.</b> <b>SEBRING FL 33870</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FELS, LINDA K</b> <b>3240 SW 34 AVENUE #124</b> <b>OCALA FL 34474</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**Linda Kaye Knop**  
**500 TRINITY LAKE APT 11213**  
**ST Petersburg, FL 33716**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/01**  
Date

**352-867-8898**  
Daytime Phone #

CR2E034 (10/00)