

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90098 029 ***150.00

CR2E034 (9/01)

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNOP, LINDA K

~~**500 TRINITY AVE.**~~

~~**APT 11213**~~

SAINT PETERSBURG FL 33716

Name

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

856 Addison Drive, NE

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **D** ☐ Delete
NAME **BOLEY, MICHAEL J**
STREET ADDRESS **1129 SE 14TH TERRACE**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME ~~**BOLEY, SANFORD R II**~~
STREET ADDRESS ~~**936 N.E. LAKEVIEW DR.**~~
CITY-ST-ZIP ~~**SEBRING FL 33870**~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KNOP, LINDA K**
STREET ADDRESS **500 TRINITY LANE, APT 11213**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE ☒ Change ☐ Addition
NAME **KNOP, LINDA K**
STREET ADDRESS **856 Addison Drive, NE**
CITY-ST-ZIP **ST PETERSBURG, FL 33716**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **JACKSON, JOHN W.**
STREET ADDRESS **3600 SE 36TH AVE**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
MICHAEL J. BOLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/02

Daytime Phone #

352
867-8898