

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071015

Entity Name: PRO-MEDICAL, INC.

FILED
Jan 07, 2004
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380
OCALA, FL 344780380 US

New Mailing Address:

FEI Number: 59-3208085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOP, LINDA K
856 ADDISON DRIVE NE
SAINT PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

KNOP, LINDA K
117 10TH STREET E
TIERRA VERDE, FL 33715 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: L. KAYE KNOP

01/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVT () Delete
Name: BOLEY, MICHAEL J
Address: 7065 SW 19TH AVE RD
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: KNOP, LINDAK
Address: 856 ADDISON DRIVE NE
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D () Delete
Name: JACKSON, JOHN W
Address: 3600 SE 36TH AVE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KNOP, LINDAK
Address: 117 10TH STREET E
City-St-Zip: TIERRA VERDE, FL 33715 US

Title: D (X) Change () Addition
Name: JACKSON, JOHN W
Address: 4950 SW 111TH PLACE ROAD
City-St-Zip: OCALA, FL 34476 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL J. BOLEY

DVT

01/07/2004

Electronic Signature of Signing Officer or Director

Date