

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071015

Entity Name: PRO-MEDICAL, INC.

FILED  
Jan 20, 2005  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

3245 SW 34TH STREET  
OCALA, FL 34471 US

## 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  
117 10TH STREET E  
TIERRA VERDE, FL 33715 US

## Name and Address of New Registered Agent:

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:

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: 117 10TH STREET E  
City-St-Zip: TIERRE VERDE, FL 33715 US

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVT (X) Change ( ) Addition  
Name: BOLEY, MICHAEL J  
Address: 3245 SW 34TH STREET  
City-St-Zip: Ocala, FL 34474

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

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

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: L. KAYE KNOP

Electronic Signature of Signing Officer or Director

DPS

01/20/2005

Date