

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90225 030 ***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

4. FEI Number **59-3208085**

Applied For
Not Applicable

Zip Country Zip Country

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

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

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE **D/V/T** ☐ Delete
NAME **BOLEY, MICHAEL J**
STREET ADDRESS **1120 SE 14TH TERRACE**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☒ Change ☐ Addition
NAME **7065 SW 19th AVE RD**
STREET ADDRESS **OCALA, FL 34476**
CITY-ST-ZIP

TITLE **D/P/S** ☐ Delete
NAME **KNOP, LINDA K**
STREET ADDRESS **856 ADDISON DRIVE NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

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

TITLE **D** ☐ Delete
NAME **JACKSON, JOHN W**
STREET ADDRESS **3600 SE 36TH AVE**
CITY-ST-ZIP **OCALA FL 34471**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

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

1-17-03 (352) 867-8898
Date Daytime Phone #

CR2E034 (10/02)