


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90075 025 ***150.00

DOCUMENT # P94000027070 1. Entity Name PROXIMAL, INC.	
---	---

Principal Place of Business 7300 BRYAN DAIRY ROAD 450 LARGO, FL 33777 US	Mailing Address 7300 BRYAN DAIRY ROAD 450 LARGO, FL 33777 US
--	--



2. Principal Place of Business 2310 TALL PINES DRIVE Suite, Apt. #, etc. 220	3. Mailing Address 2310 TALL PINES DRIVE Suite, Apt. #, etc. 220
---	---

03162005 Chg-P CR2E034 (10/03)

City & State LARGO FL	City & State LARGO FL		
Zip 33771	Country US	Zip 33771	Country US

4. FEI Number 59-3235493	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

6. Name and Address of Current Registered Agent ROSS, RANDALL D 7300 BRYAN DAIRY ROAD SUITE 450 LARGO, FL 33777	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2310 TALL PINES DRIVE #220 City LARGO State FL Zip Code 33771
---	---

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 *Randall D. Ross* **RANDALL D. ROSS** 3-16-05
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD <input type="checkbox"/> Delete ROSS, RANDALL D 7300 BRYAN DAIRY ROAD, #450 LARGO, FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2310 TALL PINES DRIVE #220 LARGO FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD MARCHAND, SAM R 7300 BRYAN DAIRY ROAD, #450 LARGO, FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2310 TALL PINES DRIVE #220 LARGO FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Randall D. Ross* **RANDALL D. ROSS** 3/16/05 727-538-2128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #