

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S47943

FILED
Apr 02, 2009
Secretary of State

Entity Name: PROFESSIONAL DATA MANAGEMENT, INC.

Current Principal Place of Business:

291 SOUTHHALL LN
SUITE 201
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

291 SOUTHHALL LN
SUITE 201
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-3060549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHICK, DAVID
201 EAST PINE STREET
SUITE 1200
ORLANDO, FL 32801 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: V () Delete
Name: AXELROD, MAC M.D.
Address: 291 SOUTHHALL LN, STE 201
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: DOBSON, CHRISTOPHER E M.D.
Address: 291 SOUTHHALL LN, STE 201
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: WARNER, NORMAN MD
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: ARCARIO, THOMAS J M.D.
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: P () Delete
Name: AXELROD, MAC MD
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: WILSON, G. EDWIN MD
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AXELROD, MAC M.D.
Address: 291 SOUTHHALL LN, STE 201
City-St-Zip: MAITLAND, FL 32751

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

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

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

Title: D (X) Change () Addition
Name: JAGER, BRIAN MD
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MAC AXELROD, M.D.

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date