Division of Corporations

Page 1 of 2



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

m ◄ W**Enter the email address for this business entity to be used for future— Tannual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROGRESSIVE MEDICAL, LLC

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5/18/2016 9:54:25 AM From: To: 8506176383(2/3)

COVER LETTER

TO:	Registration Division of	Section Corporations		
SURI	PROCE	ESSIVE MEDICAL, LLC		
Name of Foreign Limited Liability Company				
Dear S	ir or Madam:			
		wit by Foreign Limited s) and fee(s) are subm		Change Manager(s) or
Please	return all cor	respondence concernii	ng this matter to the following	lowing:
-				. :
		Name of Person		
		Firm/Company	<u> </u>	
		Address	· · · · · · · · · · · · · · · · · · ·	
****		City/State and Zip Cod	e	
compli	ncestaff@helio	scomp.com		
E	-mail address	(to be used for future	annual report notificati	on)
For fu	ther informat	ion concerning this ma	atter, please call:	
	Name of	at (_) Area Code and Daytim	e Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	ed is a check iling Fee	for the following am [] \$30 Filing Fee & Certificate of Status	ount: \$55.00 Filing Fee & Certified Copy	☐ \$60 Filing Foe, Certificate of Status & Certified Copy
CR2E12	3(8/07)			

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compa Department of State is: PROGRESSIVE MED	any as it appears on the records of the Florida DICAL, LLC
2. This entity was formed under the laws	of: Ohio
3. This entity was authorized to transact b and its Florida document/registration numbers.	
4. The name and address of each manager	or managing member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Jeffrey David Grosklags 11020 Optum Circle, Eden Prairie, MN 55344
MGR	Emry Petering Sisson 6410 Poplar Ave. Suite 800, Memphis, TN 38119
MGR	Thomas Scott Young 6410 Poplar Ave. Suite 800, Memphis, TN 38119
MGR	Timothy Alan Wicks 1100 Optum Circle, Eden Prairie, MN 55344
Required Signature: Signature of Manager,	Managing Member or Member

Filing Fee: \$25

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