

**2020 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M1400000296

**Entity Name:** PROGRESSIVE MEDICAL, LLC

**Current Principal Place of Business:**

250 PROGRESSIVE WAY  
WESTERVILLE, OH 43082

**Current Mailing Address:**

250 PROGRESSIVE WAY  
WESTERVILLE, OH 43082 US

**FEI Number:** 31-1192384

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title DIRECTOR  
Name GROSKLAYS, JEFFREY DAVID  
Address 250 PROGRESSIVE WAY  
City-State-Zip: WESTERVILLE OH 43082

Title VP  
Name FARMER, DAVID CROWN  
Address 250 PROGRESSIVE WAY  
City-State-Zip: WESTERVILLE OH 43082

Title ASSISTANT SECRETARY  
Name BENCIVENGA, JOHN WILLIAM  
Address 250 PROGRESSIVE WAY  
City-State-Zip: WESTERVILLE OH 43082

Title PRESIDENT  
Name YOUNG, DAVID WAYNE  
Address 250 PROGRESSIVE WAY  
City-State-Zip: WESTERVILLE OH 43082

Title CEO  
Name YOUNG, DAVID WAYNE  
Address 250 PROGRESSIVE WAY  
City-State-Zip: WESTERVILLE OH 43082

Title SECRETARY  
Name PETERSON, KAREN ELIZABETH  
Address 250 PROGRESSIVE WAY  
City-State-Zip: WESTERVILLE OH 43082

Title ASSISTANT SECRETARY  
Name LANG, HEATHER ANASTASIA  
Address 250 PROGRESSIVE WAY  
City-State-Zip: WESTERVILLE OH 43082

Title ASSISTANT SECRETARY  
Name OBERG, DAVID JOHN  
Address 250 PROGRESSIVE WAY  
City-State-Zip: WESTERVILLE OH 43082

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*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HEATHER ANASTASIA LANG

ASSISTANT SECRETARY 08/25/2020

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date

**Authorized Person(s) Detail Continued :**

Title           DIRECTOR  
Name           YOUNG, DAVID WAYNE  
Address        250 PROGRESSIVE WAY  
City-State-Zip: WESTERVILLE OH 43082

Title           TREASURER  
Name           GILL, PETER MARSHALL  
Address        250 PROGRESSIVE WAY  
City-State-Zip: WESTERVILLE OH 43082