

2022 FOREIGN LIMITED LIABILITY COMPANY 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 MANAGER
Name BENCIVENGA, JOHN W
Address 250 PROGRESSIVE WAY
City-State-Zip: WESTERVILLE OH 43082

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

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

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

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

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

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: LANG , HEATHER ANASTASIA

MANAGER

04/20/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date