

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400000296

**Entity Name:** PROGRESSIVE MEDICAL, LLC

**Current Principal Place of Business:**

175 KELSEY LANE  
TAMPA, FL 33619

**Current Mailing Address:**

175 KELSEY LANE  
TAMPA, FL 33619 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           FOSTER, JEANNINE PATRICIA  
Address        175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

Title           MANAGER  
Name           LEOPOLD, CHRISTOPHER MICHAEL  
Address        175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

Title           MANAGER  
Name           GILL, PETER MARSHALL  
Address        175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

Title           MANAGER  
Name           BOHMER, KAREN ELIZABETH  
Address        175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

Title           MANAGER  
Name           BENCIVENGA, JOHN WILLIAM  
Address        175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

Title           MANAGER  
Name           LANG, HEATHER ANASTASIA  
Address        175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

Title           MANAGER  
Name           LANGDON, TIMOTHY JOSEPH  
Address        175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

*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**

**MANAGER**

**04/21/2024**

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

\_\_\_\_\_  
Date