

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003442

Entity Name: PROGRESSIVE CARE INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

901 NORTH MIAMI BEACH BLVD.  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

901 NORTH MIAMI BEACH BLVD.  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 32-0186006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRIEDMAN, AVRAHAM  
901 NORTH MIAMI BEACH BLVD.  
NORTH MIAMI BEACH, FL 33162 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FRIEDMAN, AVRAHAM  
Address: 901 NORTH MIAMI BEACH BLVD.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SD  
Name: SUBACHAN, ANDY  
Address: 901 NORTH MIAMI BEACH BLVD.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: T  
Name: WEISBERG, JAY  
Address: 901 NORTH MIAMI BEACH BLVD.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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 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 all other like empowered.

SIGNATURE: ANDY SUBACHAN

SD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date