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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION
Progressive Home Health Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

FILED
2015 DEC -2 AM 7: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
15 DEC -2 PM 4: 49
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TALLAHASSEE, FLORIDA

Fax Credit # H150002851813

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Progressive Home Health Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. New York 3. 13-3291989
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/22/1985 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/2015
(Date first transacted business in Florida; if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 90 Broad Street 10th Floor, New York, New York 10004
(Principal office address)
90 Broad Street 10th Floor, New York, New York 10004
(Current mailing address)

8. All lawful business
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Business Filings Incorporated
Office Address: 1200 South Pine Island Road
Plantation Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Mark Williams, AVP, Business Filings Incorporated
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Elliott Greenc

Address: 90 Broad Street 10th Floor, New York, New York 10004

Director: Kenneth P. Kilroy

Address: 90 Broad Street 10th Floor, New York, New York 10004

B. OFFICERS

President: Kenneth P. Kilroy

Address: 90 Broad Street 10th Floor, New York, New York 10004

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Paul Beliris* _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Paul Beliris, CFO

(Typed or printed name and capacity of person signing application)

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**Attachment to the Application for Authorization to Transact Business in Florida
For
Progressive Home Health Services, Inc.**

12B: Additional Officer Information:

CEO: Elliott Greene, 90 Broad Street 10th Floor, New York, New York 10004
CFO: Paul Balisis, 90 Broad Street 10th Floor, New York, New York 10004

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**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of PROGRESSIVE HOME HEALTH SERVICES, INC. was filed on 08/22/1985, under the name of THE CLASSIC HOME CARE COMPANY, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A certificate changing name to PROGRESSIVE HOME HEALTH SERVICES, INC. was filed on 10/31/1985.

A Biennial Statement was filed 09/21/2001.

A Biennial Statement was filed 08/13/2007.

A Biennial Statement was filed 08/10/2009.

Certificate of Change was filed on 02/17/2010.

A Biennial Statement was filed 08/26/2011.

A Biennial Statement was filed 08/20/2013.

I further certify that no other documents have been filed by such corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 26th day of October two thousand and fifteen.



Anthony Gardina
Executive Deputy Secretary of State

