

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L0200001194**

1. Entity Name

**Progressive Therapeutic Systems L.L.C.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 27 PM 4:00

*LAL*

*10/30*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1425 Newport Center Dr**

Suite, Apt. #, etc.

3. Mailing Address **Suite 200**

**15155 N.E. Miami Gardens Dr**

Suite, Apt. #, etc.

**200**

City & State

**Deer Field Beach FLA**

City & State

**North Miami Beach FLA**

4. FEI Number

**02-0597492**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33442**

**USA**

**33179**

**USA**

5. Certificate of Status Desired

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**\$5.00 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Ronald L. Davis Esq**

Street Address (P.O. Box Number is Not Acceptable)

**Suite 200 1550 N.E. Miami Gardens Dr.**

City

**North Miami Beach**

FL

Zip Code

**33179**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING Member Ronald L. Davis 19667 Turnberry Way Aventura FLA 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING Member MARK RUTKIN 1425 Newport Center Dr Deer Field Beach, FLA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING Member Dor Leumi 1425 Newport Center Dr. Deer Field Beach FLA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING Member BERNARD BRUCKEN 1425 Newport Beach Dr Deer Field Beach FLA</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

*Ronald L. Davis*

*Managing Member*

*10/22/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)