

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057729

FILED
Apr 30, 2009
Secretary of State

Entity Name: PROGRESSIVE HOME HEALTHCARE AGENCY, LLC

Current Principal Place of Business:

19451 SHERIDAN STREET
#195
FORT LAUDERDALE, FL 33332

New Principal Place of Business:

Current Mailing Address:

19451 SHERIDAN STREET
#195
FORT LAUDERDALE, FL 33332

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, GENTLE L
1851 NW 125TH AVENUE
SUITE 440
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

BARNETT, LEE G
19451 SHERIDAN STREET
#195
FORT LAUDERDALE, FL 33332 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: GENTLE BARNETT

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARNETT, GENTLE L III
Address: 19451 SHERIDAN STREET, #195
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARNETT, LEE G
Address: 19451 SHERIDAN STREET, #195
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: MGRM () Change (X) Addition
Name: MALIS, NEVENKA
Address: 19451 SHERIDAN STREET, #195
City-St-Zip: FORT LAUDERDALE, FL 33332

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: GENTLE BARNETT

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date