2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

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Entity Name: PROGRESSIVE HOME HEALTHCARE AGENCY, LLC

Current Principal Place of Business:

18459 PINES BLVD.
#459
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

18459 PINES BLVD.
#459
PEMBROKE PINES, FL 33029

New Mailing Address:

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

Name and Address of Current Registered Agent:

BARNETT, LEE G
18459 PINES BLVD.
#459
PEMBROKE PINES, FL 33029 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BARNETT, LEE G
Address: 18459 PINES BLVD., #459
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM
Name: MALIS, NEVENKA
Address: 18459 PINES BLVD., #459
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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 Statues.

SIGNATURE: G. LEE BARNETT MGRM 04/28/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date