

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000095106

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** PROGRESSIVE MEDICAL CONCEPTS LLC

**Current Principal Place of Business:**

128 SOUTH HALIFAX DRIVE  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

5111 RIDGEWOOD AVE.  
301  
PORT ORANGE, FL 32127

**Current Mailing Address:**

128 SOUTH HALIFAX DRIVE  
ORMOND BEACH, FL 32176

**New Mailing Address:**

**FEI Number:** 27-2152122      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WHITE, ALEX  
128 SOUTH HALIFAX DRIVE  
ORMOND BEACH, FL 32176      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:** MGR  
**Name:** WHITE, ALEX  
**Address:** 128 SOUTH HALIFAX DRIVE  
**City-St-Zip:** ORMOND BEACH, FL 32176

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 Statutes.

SIGNATURE: ALEX WHITE

MGR

04/26/2011

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