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COVER LETTER

Division of Corporations
SUBJECT: Progressive Medical Community Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Statement of Authority and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Billmeier
Name of Person
Firm/Company
5961 Boggs Ford Rd
Port Orange FL 32127 City/State and Zip Code
Circusdo cogracil. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brooke Billmeier at 386 299-6194 Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

FIRST: The name	of the limited liability company is: Progressive Medical	
Lommuni		
SECOND: The Fig	orida Document Number of the limited liability company is: O OOOO	7 <u>58</u> 0
THIRD: The street	t address of the limited liability company's principal office is:	
59	lel Brags ford Rd.	
Po	le 1 Boggs ford Rd. + Orange, FL 32127	
	1 Orange, PC 32121	
		
	ling address of the limited liability company's principal office is:	
MA	Port Orange, FL 32123-8557	
	Port Orange FL 32123-8557	
	3./	_
	atement of authority grants or sets limitations of authority on all persons having in a company, whether as a member, transferee, manager, officer or otherwise wing:	
position of a person person on the follow	in a company, whether as a member, transferee, manager, officer or otherwise ving: execute an instrument transferring real property held in the name of the compa	e or to a s
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Filing Fee: \$25.00

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