

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001611

FILED
Mar 25, 2008
Secretary of State

Entity Name: PROGRESSIVE HOME CARE, INC.

Current Principal Place of Business:

514 PORT BENDRES DR
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510370
PUNTA GORDA, FL 339510370

New Mailing Address:

FEI Number: 65-1085194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUZIAK, GERALD
514 PORT BENDRES DR
PUNTA GORDA, FL 33950 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZUZIAK, GERALD
Address: 514 PORT BENDRES DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: ARMOUR, STEVEN
Address: 3329 SUNSET KEY CIR #602
City-St-Zip: PUNTA GORDA, FL 33955

Title: T () Delete
Name: ARMOUR, LOIS
Address: 3329 SUNSET KEY CIR #602
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: BAKER, GARY
Address: 1634 SE 47TH ST #10
City-St-Zip: CAPE CORAL, FL 33910

Title: D () Delete
Name: PIORUNEK, MONICA
Address: 1235 TULBERRY RD
City-St-Zip: ROCHESTER, MI 48307

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD ZUZIAK

P

03/25/2008

Electronic Signature of Signing Officer or Director

Date