

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001611

FILED  
Jan 23, 2009  
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: D (X) Change ( ) Addition  
Name: FLAGG, MONICA  
Address: 1235 TULBERRY RD  
City-St-Zip: ROCHESTER, MI 48307

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

EXEC

01/23/2009

Electronic Signature of Signing Officer or Director

Date