

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001611

**FILED**  
**Apr 22, 2011**  
**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  
**Name:** ZUZIAK, GERALD  
**Address:** 514 PORT BENDRES DR  
**City-St-Zip:** PUNTA GORDA, FL 33950

**Title:** D  
**Name:** ARMOUR, STEVEN  
**Address:** 6239 CEDRIC ST  
**City-St-Zip:** DADE CITY, FL 33523

**Title:** D  
**Name:** OUELLETTE, MICHEAL  
**Address:** 17887 COURTSIDE LANDINGS  
**City-St-Zip:** PUNTA GORDA, FL 33955

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

**Title:** D  
**Name:** FLAGG, MONICA  
**Address:** 1235 TULBERRY RD  
**City-St-Zip:** ROCHESTER, MI 48307

I hereby 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 all other like empowered.

**SIGNATURE:** GERALD ZUZIAK

PD

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date