

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90155 031 ***563.75

DOCUMENT # P01000003341

1. Entity Name
PROGRESSIVE HEALTH SERVICES, INC.

Principal Place of Business

**328 MINORCA AVE
CORAL GABLES FL 33134**

Mailing Address

**328 MINORCA AVE
CORAL GABLES FL 33134**

2. Principal Place of Business

14437 S. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Address

14437 S. Dixie Hwy

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

65-1073302

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEVINE, EDWARD A ESQ
328 MINORCA AVE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Jason Levine**

Street Address (P.O. Box Number is Not Acceptable)

14437 S. Dixie Hwy

City **Miami, FL**

FL

Zip Code **33176**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jason Levine
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/8/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PVTS** ☐ Delete
NAME **LEVINE, JASON M D.C.**
STREET ADDRESS **328 MINORCA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **LEVINE, JASON M D.C.** ☒ Change ☐ Addition
NAME
STREET ADDRESS **14437 S. DIXIE HWY**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jason Levine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/02

305 256 6020

Date Daytime Phone #

CR2E034 (4/02)