2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000003341

1. Entity Name
PROGRESSIVE HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
14437 S. DIXIE HWY MIAMI, FL 33176	14437 S. DIXIE HWY MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

01032006   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-1073302

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVINE, JASON
14437 S. DIXIE HWY
MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVTS
NAME	LEVINE, JASON M D.C.
STREET ADDRESS	14437 S. DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	
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04/13/06-80066-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #