2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   **P01000050558**

1. Entity Name
PROGRESSIVE MEDICAL WHOLESALE, INC.

Principal Place of Business	Mailing Address
953 GLEN ABBEY CIRCLE	953 GLEN ABBEY CIRCLE
WINTER SPRINGS FL 32708	WINTER SPRINGS FL 32708

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #. etc.	Suite, Apt. #. etc.	
City & State	City & State	4. FEI Number **59-3711907** Applied For / Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROCCO, A E 953 GLEN ABBEY CIRCLE WINTER SPRINGS FL 32708	Name Street Address (P.O. Box Number is Not Acceptable) City ____ FL Zip Code

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees |

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ROCCO, NANCY L		NAME			
STREET ADDRESS	953 GLEN ABBEY CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP			
TITLE	VSD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ROCCO, A E		NAME			
STREET ADDRESS	953 GLEN ABBEY CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ REQUIRED   1-18-03   407 9715999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #