2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
04 MAR 30 AM 10: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # [redacted] P01-84576

1. Entity Name

PROGRESSIVE MEDIC SALES, & L CASTING INC

Principal Place of Business	Mailing Address
180 S CR 427 LONGWOOD FL 32750 US	180 S CR 427 LONGWOOD FL 32750 US

REINSTATEMENT 02-04

[redacted]

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
296 Anchor rd.	296 Anchor rd
Suite, Apt. #, etc. 300	Suite, Apt. #, etc. 300
City & State: Casselberry FL	City & State: Casselberry FL
Zip: 32707 Country: Seminole	Zip: 32707 Country: Seminole

4. FEI Number 59-3744138 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OSBORN, CRAIG L.
180 S 427
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

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 ______________________ DATE ________

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OSBORN, CRAIG L	NAME	
STREET ADDRESS	180 S. CR 427	STREET ADDRESS	600031573556
CITY-ST-ZIP	LONGWOOD FL	CITY-ST-ZIP	03/31/04--01070--026 **986.25
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Thomas J. Hewitt	NAME	
STREET ADDRESS	2768 Tiffany … 17-92	STREET ADDRESS	
CITY-ST-ZIP	Casselberry FL 32707	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	

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