2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# P04000033646

Entity Name: PROGRESSIVE WOMEN'S HEALTH, P.A.

Current Principal Place of Business:

6072 DOCTOR'S PARK ROAD
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 591
MILTON, FL 325720591

New Mailing Address:

POST OFFICE BOX 591
MILTON, FL 32572

FEI Number: 20-0817475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COYLE, MICHAEL J D.O.
4280 SPINDLEWICK DR.
PACE, FL 32571 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: COYLE, MICHAEL
Address: 5992 BERRYHILL RD, SUITE #203
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: COYLE, MICHAEL
Address: 6072 DOCTORS PARK RD.
City-St-Zip: MILTON, FL 32570

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. COYLE DR. 04/07/2009

Electronic Signature of Signing Officer or Director Date