

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

05 MAY -1 PM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061905 (4)

1. Corporation Name

PROGRESSIVE HEALTH BENEFITS, INC.

Principal Place of Business

1135 SOUTH PASADENA AVE.
SUITE 327
ST. PETERSBURG FL 33707

Mailing Address

1135 SOUTH PASADENA AVE.
SUITE 327
ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/03/1993

3a. Date of Last Report

10/04/1994

4. FEI Number

59-3200378

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARCOTTE, FRANCIS J
1135 S. PASADENA AVE.
SUITE 327
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Francis J. Marcotte FRANCIS J. MARCOTTE

(Signature, typed or printed name of Registered Agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

4-26-95
DATE

12. OFFICERS AND DIRECTORS

TITLE PDS
NAME MARCOTTE, FRANCIS J
STREET ADDRESS 1135 PASA DENA AVE. S., SUITE 327
CITY - ST - ZIP ST. PETERSBURG FL 33707

TITLE VD
NAME MARCOTTE, KAREN D
STREET ADDRESS 1135 PASA DENA AVE. S., SUITE 327
CITY - ST - ZIP ST. PETERSBURG FL 33707

TITLE VD
NAME COWAN, KAREN S
STREET ADDRESS 1135 PASA DENA AVE. S., SUITE 327
CITY - ST - ZIP ST. PETERSBURG FL 33707

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Francis J. Marcotte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

(Date)

813-347-9076

(Telephone Number)