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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000010139 (0)

1. Corporation Name

PROGRESSIVE CARE SYSTEMS, INC.



Principal Place of Business

226 PALAFOX PLACE
3RD FLOOR
PENSACOLA FL 32501
US

Mailing Address

226 PALAFOX PLACE
3RD FLOOR
PENSACOLA FL 32501-5846
US

3. Date Incorporated or Qualified

02/03/1995

3a. Date of Last Report

02/13/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3291913

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

9. Name and Address of Current Registered Agent

MAGGIO R. BRENT
226 PALAFOX PLACE
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

Craig Robinson

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

226 Palafox Place, 3rd Floor

83

84 City

Pensacola

FL

85

Zip Code
32501

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

Craig Robinson

Vice-President

1/15/97

(Signature Type the printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	ELLIS, GREGORY A	
STREET ADDRESS	226 PALAFOX PLACE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
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	Craig Robinson, VP	Change	Addition
2.2 NAME	226 Palafox Place		
2.3 STREET ADDRESS	Pensacola, FL 32501		
2.4 CITY - ST - ZIP			
3.1 TITLE	S/T	Change	Addition
3.2 NAME	Mindy K. Myers		
3.3 STREET ADDRESS	226 Palafox Place		
3.4 CITY - ST - ZIP	Pensacola, FL 32501	Change	Addition
4.1 TITLE			
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

904-432-0025

Date

Daytime Phone #

0484357

CR2E034 (9/96)