

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26 1999 8:00 am
Secretary of State

DOCUMENT # P95000010139

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1995

2. Principal Place of Business

21 909 Gardengate Circle
Suite, Apt. #, etc.

2a. Mailing Address

26 909 Gardengate Circle
Suite, Apt. #, etc.

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 owes the current year intangible
Personal Property Tax.

☐

Yes ☐ No

23 Pensacola, FL
Zip Country
24 32504 25 US

27 Pensacola, FL
Zip Country
28 32504 29 US

9. Name and Address of Current Registered Agent

CRAIG ROBINSON
226 PALAFOX PLACE, 3RD FLOOR
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

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

309 Gardengate Circle

83

84

City
Pensacola

FL

85

Zip Code
32504

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ELLIS, GREGORY A
STREET ADDRESS 226 PALAFOX PLACE
CITY-STATE-ZIP PENSACOLA FL
☐ DELETE

TITLE VP
NAME CRAIG ROBINSON
STREET ADDRESS 226 PALAFOX PLACE
CITY-STATE-ZIP PENSACOLA FL
☐ DELETE

TITLE ~~ST~~
NAME MINDY K. MYERS
STREET ADDRESS 226 PALAFOX PLACE
CITY-STATE-ZIP PENSACOLA FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

909 Gardengate Circle
Pensacola, FL 32504

☒ Change ☐ Addition

909 Gardengate Circle
Pensacola, FL 32504

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/99

Date

850/479-1012

Daytime Phone #

CR2E034 (11/98)