

2002 UNIFORM BUSINESS REPORT (UBR)

08-1T-2002 90168 007 ***150.00

FILED P99000069129

02 AUG 19 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000069129

1. Entity Name
PROGRESSIVE MEDICAL, INC.

Principal Place of Business
2828 S TAMiami TRAIL
SARASOTA FL 34239

Mailing Address
2828 S TAMiami TRAIL
SARASOTA FL 34239



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0939742

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEI, LORI
2828 S TAMiami TRAIL
SARASOTA FL 34239

Name William E McComb

Street Address (P.O. Box Number Is Not Acceptable)
2828 S TAMiami TR

City Sarasota

FL

Zip Code 34239

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MCCOMB, ELEANOR
STREET ADDRESS 2828 S TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE

REQUIRED

7/8/02

CR2E034 (4/02)

2828 Tamiami Trail
Sarasota, FL 34239
(941) 957-0200

Attachments
973563

08/01/02

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom This May Concern:

RE: Uniform Business 2002 Report

Document# P93000036322 Sports Therapy Care
Document# P99000069129 Progressive Medical

The Uniform Business Reports 2002 were not received at our 2828 Tamiami Location. There is a Doctors office connected to our building possibly it was delivered to the wrong address. If you check our prior history we have always sent these in on time. Attached are both reports with checks for \$150.00. Please accept this with the normal timely filing due to us never receiving those original reports.

Thank You,

Jennifer Cole
Office Manager