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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90005 009 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # K43086

1. Corporation Name
THE PROGRAM WORKSHOP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 % WILLIAM H. GRANT, III % WILLIAM H. GRANT, III
 859 PARK AVE. STE-104 859 PARK AVE. STE-104
 ORANGE PARK FL 32073 ORANGE PARK FL 32073

3. Date Incorporated or Qualified
11/02/1988

4. FEI Number Applied For
54-1310979 Not Applicable

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

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

GRANT, WILLIAM H., III
859 PARK AVE.
SUITE 104
ORANGE PARK FL 32073

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 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 D DELETE

NAME SANDERS, MICHAEL C., MD

STREET ADDRESS 301 HEALTH PARK BLVD.

CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D DELETE

NAME SANDERS, MARYANNE J.

STREET ADDRESS 301 HEALTH PARK BLVD.

CITY-ST-ZIP ST. AUGUSTINE 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

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 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael C. Sanders M.D.

Date: **4-12-99** Daytime Phone #: **(904) 879-6500**

CR2E034 (1/98)