

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

0001488

DOCUMENT # K43086

1. Entity Name
THE PROGRAM WORKSHOP, INC.

04-28-2001 90031 022 ***150.00

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **54-1310979** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GRANT, WILLIAM H., III
859 PARK AVE.
SUITE 104
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, MICHAEL C., MD	
STREET ADDRESS	301 HEALTH PARK BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, MARYANNE J.	
STREET ADDRESS	301 HEALTH PARK BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 all other like empowered.

SIGNATURE: Michael C. Sanders, M.D. Date: 04-23-01 Daytime Phone #: 904-264-6566

CR2E034 (10/00)