

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90062 037 ***150.00

0006137 AV

DOCUMENT # K43086
 1. Entity Name
THE PROGRAM WORKSHOP, INC.

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.
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2. Principal Place of Business 301 HEALTH PARK BLVD	3. Mailing Address Same
Suite, Apt. #, etc. 328	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State St. Augustine, FL	City & State	4. FEI Number 54-1310979	Applied For <input type="checkbox"/> Not Applicable
Zip 32086	Country USA	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$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
Michael D. Sanders, MD
 Street Address (P.O. Box Number is Not Acceptable)
301 Health Park Blvd. #328
 City
St. Augustine FL Zip Code
32086

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 Michael Sanders, MD DATE 3/25/02
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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, MICHAEL C., MD 301 HEALTH PARK BLVD. ST. AUGUSTINE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, MARYANNE J. 301 HEALTH PARK BLVD. ST. AUGUSTINE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Sanders, MD **3-25-02** **904-825-3606**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)