


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 A**  
**Secretary of State**

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



Principal Place of Business <b>301 HEALTHPARK BLVD          328          SAINT AUGUSTINE, FL 32086</b>	Mailing Address <b>301 HEALTHPARK BLVD          328          SAINT AUGUSTINE, FL 32086</b>
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**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>54-1310979</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SANDERS, MICHAEL C MD  
 301 HEALTH PARK BLVD  
 328  
 SAINT AUGUSTINE, FL 32086**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, MICHAEL C., MD 301 HEALTH PARK BLVD. ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, MARYANNE J. 301 HEALTH PARK BLVD. ST. AUGUSTINE, FL
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 01/30/08-80030-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Michael Sanders MD* **1-22-08** **904-825-3626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #