

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K43086

FILED  
Mar 18, 2011  
Secretary of State

**Entity Name:** THE PROGRAM WORKSHOP, INC.

**Current Principal Place of Business:**

301 HEALTHPARK BLVD  
328  
SAINT AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

301 HEALTHPARK BLVD  
328  
SAINT AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 54-1310979      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANDERS, MICHAEL C MD  
301 HEALTH PARK BLVD  
327  
SAINT AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SANDERS, MICHAEL C., MD  
Address: 301 HEALTH PARK BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D  
Name: SANDERS, MARYANNE J.  
Address: 301 HEALTH PARK BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL C. SANDERS, M.D.

PRES

03/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date