

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000001795

1. Entity Name
PROGRESSIVE HEALTHCARE PROVIDERS/FERN PARK,
LLC



Principal Place of Business
335 MCINTOSH ROAD
BROOKS, GA 30205

Mailing Address
335 MCINTOSH ROAD
BROOKS, GA 30205



04042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1018424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TALLEY, JAMES MICHAEL
FISHER, RUSHMER, WERREN RATH, DICKSON, TALLEY &
WACHOVIA BLDG., 20 NO ORANGE AVE SE. 1500
ORLANDO, FL 32801

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PROGRESSIVE HEALTHCARE PROVIDERS, INC.
STREET ADDRESS	335 MCINTOSH ROAD
CITY-ST-ZIP	BROOKS, GA 30205

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Charles R. Sykes, Jr. 4-11-06 770-609082
PRESIDENT