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Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34111 (7)

1. Corporation Name

PROGRESSIVE HEALTHCARE PROVIDERS/WISCONSIN, INC.

Principal Place of Business

Mailing Address

P.O. BOX 158
BROOKS GA 30205P.O. BOX 158
BROOKS GA 30205-01583. Date Incorporated or Qualified
09/12/19893a. Date of Last Report
07/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEISS, ROBERT A
118 N. GADSDEN STREET
SUITE 200
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	SYKES, CHARLES R JR.	
STREET ADDRESS	335 MCINTOSH ROAD	
CITY - ST - ZIP	BROOKS GA 30205	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	STD	☐ DELETE
NAME	PARKO, JOSEPH E JR.	
STREET ADDRESS	325 ELMIRA PLACE	
CITY - ST - ZIP	ATLANTA GA 30307	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	VD	☐ DELETE
NAME	RAY, BARBARA J	
STREET ADDRESS	1807 BARCLAY PLACE, NE	
CITY - ST - ZIP	ATLANTA GA 30306	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles R. Sykes, Jr. President

Feb 18, 1997 (770) 460 9082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078385

CR2E037 (9/96)