

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34111

1. Entity Name

PROGRESSIVE HEALTHCARE PROVIDERS/WISCONSIN, INC.

Principal Place of Business

P.O. BOX 158  
BROOKS GA 30205

Mailing Address

P.O. BOX 158  
BROOKS GA 30205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3021064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
SYKES, CHARLES R JR.  
335 MCINTOSH ROAD  
BROOKS GA 30205

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STD  
PARKO, JOSEPH E JR.  
325 ELMIRA PLACE  
ATLANTA GA 30307

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
RAY, BARBARA J  
1607 BARCLAY PLACE, NE  
ATLANTA GA 30306

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CITY-ST-ZIP

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12. 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 617, 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

*Signature of Robert A. Weiss, President*

9/20/01 770 460 9082

APPROVED  
AND  
FILED

01 SEP 25 AM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)