

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 10 AM 8:00

DOCUMENT # N34111

1. Corporation Name

Progressive Healthcare Providers/Wisconsin, Inc.

2. Principal Office Address

P.O. Box 158

Suite, Apt. #, etc.

City & State

Brooks, Georgia

Zip

30205

Country

United States

3. Mailing Office Address

P.O. Box 158

Suite, Apt. #, etc.

City & State

Brooks, Georgia

Zip

30205

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

9/12/1989

5. FEI Number
593021064

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

James Michael Talley

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

Fisher, Rushmer, Werrenrath, Dickson, Talley & Dunlap, P.A. - Wachovia Building, 20 North Orange Avenue

Suite, Apt. #, Etc.
1500

City

Orlando

State

FL

Zip Code

32801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

April 28, 2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P / D	Charles R. Sykes, Jr.	335 McIntosh Road	Brooks, Georgia 30205
S/T/D	Joseph E. Parko, Jr.	325 Elmira Place	Atlanta, Georgia 30307
V / D	Barbara J. Ray Ph. D.	1607 Barclay Place, N.E.	Atlanta, Georgia 30306
D	Sara A. Case	3598 Hidden Acres Drive	Atlanta, GA 30340

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 29, 2004

Daytime Phone #

770 460-9082

CR2E081 (07/04)