


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

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
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03012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3021064	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TALLEY, JAMES MICHAEL
FISHER RUSHMER WERRENATH, ET AL
20 N ORANGE AVE, WACHOVIA BLDG #1500
ORLANDO, FL 32801

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000340656 04/28/05-80125-007 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYKES, JR, CHARLES R 335 MCINTOSH ROAD BROOKS, GA 30205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARKO, JR, JOSEPH E 325 ELMIRA PLACE ATLANTA, GA 30307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAY, BARBARA J PH.D 1607 BARCLAY PLACE, NE ATLANTA, GA 30306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, SARA A 3598 HIDDEN ACRES DRIVE ATLANTA, GA 30340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 <i>Charles R. Sykes, Jr.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	CHARLES R. Sykes, Jr. President	3/2/05 (770) 460-982
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