

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 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



04042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

TALLEY, JAMES MICHAEL
FISHER RUSHMER WERRENATH, ET AL
20 N ORANGE AVE, WACHOVIA BLDG #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 \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE VD
NAME RAY, BARBARA J PH.D
STREET ADDRESS 1607 BARCLAY PLACE, NE
CITY-ST-ZIP ATLANTA, GA 30306

TITLE D
NAME CASE, SARA A
STREET ADDRESS 3598 HIDDEN ACRES DRIVE
CITY-ST-ZIP ATLANTA, GA 30340

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES R. Sykes, Jr
PRESIDENT

Date

Day/Time Phone #

4-11-06 770 460 982