

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N34111

FILED
Oct 12, 2009
Secretary of State

Entity Name: PROGRESSIVE HEALTHCARE PROVIDERS/WISCONSIN, INC.

Current Principal Place of Business:

335 MCINTOSH ROAD
BROOKS, GA 30205

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 158
BROOKS, GA 30205

New Mailing Address:

FEI Number: 59-3021064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: JAMES MICHAEL TALLEY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SYKES, JR, CHARLES R
Address: 335 MCINTOSH ROAD
City-St-Zip: BROOKS, GA 30205

Title: STD () Delete
Name: PARKO, JR, JOSEPH E
Address: 325 ELMIRA PLACE
City-St-Zip: ATLANTA, GA 30307

Title: VD () Delete
Name: RAY, BARBARA J PH.D
Address: 1607 BARCLAY PLACE, NE
City-St-Zip: ATLANTA, GA 30306

Title: D () Delete
Name: CASE, SARA A
Address: 3598 HIDDEN ACRES DRIVE
City-St-Zip: ATLANTA, GA 30340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R. SYKES, JR

MR

10/12/2009

Electronic Signature of Signing Officer or Director

Date