

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080421

1. Entity Name:
SUNBELT THERAPY SERVICES OF AMERICA, INC.
PROGRESSUS THERAPY, INC.

Principal Place of Business
**918 SOUTH OREGON AVENUE
TAMPA FL 33606**

Mailing Address
**918 SOUTH OREGON AVENUE
TAMPA FL 33606**

2. Principal Place of Business
3000 Gulf to Bay Blvd.
Suite, Apt. #, etc.
Suite 310

3. Mailing Address
3000 Gulf to Bay Blvd
Suite, Apt. #, etc.
Suite 310

City & State
Clearwater, FL
Zip
33759

City & State
Clearwater, FL
Zip
33759

4. FEI Number
59-3666413

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PUNZAK, DAVID R ESO
ONE PROGRESS PLAZA, SUITE 2300
200 CENTRAL AVENUE
ST. PETERSBURG FL 33701-4352

7. Name and Address of New Registered Agent

Name
Michael McBurnie
Street Address (P.O. Box Number is Not Acceptable)
2202 Bay Club Circle
City
Tampa FL Zip Code
33607

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 **Michael McBurnie** DATE **10/30/01**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D JONES, CHANNING
770 CRAGMONT AVENUE
BERKELEY CA 94708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D MCBURNIE, MICHAEL
918 SOUTH OREGON AVENUE
TAMPA FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700004706267
-12/05/01--01062--007
******750.00 ****750.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3000 Gulf to Bay Blvd, ste 310
Clearwater, FL 33759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
V Michael Berthelette
918 South Oregon Ave
Tampa FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Berthelette**

10-15-01

727-723-7089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED

01 NOV -5 AM 9 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

REINSTATEMENT 01

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