


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000080421 1. Entity Name PROGRESSUS THERAPY, INC.						FILED 05 JAN 14 PM 3:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2701 N. ROCKY POINT DR., STE 650 TAMPA, FL 33607				Mailing Address 2701 N. ROCKY POINT DR., STE 650 TAMPA, FL 33607			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-3666413				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCBURNIE, MICHAEL 2701 N. ROCKY POINT DR., STE 650 TAMPA, FL 33607				7. Name and Address of New Registered Agent Name Capitol Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1333 N. Duval St. City Tallahassee FL Zip Code 32303			
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 <u>Delanie Case</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Delanie Case, asst. sec.		1/5/05 <small>DATE</small>	
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input checked="" type="checkbox"/> Delete NAME JONES, CHANNING STREET ADDRESS 770 CRAGMONT AVENUE CITY-ST-ZIP BERKELEY, CA 94708				TITLE PLEASE SEE ATTACHED <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME OFFICER AND DIRECTOR STREET ADDRESS ADDENDUM. CITY-ST-ZIP			
TITLE P <input checked="" type="checkbox"/> Delete NAME MCBURNIE, MICHAEL STREET ADDRESS 902 S. ROME AVE., UNIT C CITY-ST-ZIP TAMPA, FL 33606				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE V <input checked="" type="checkbox"/> Delete NAME BERTHELETTE, MICHAEL STREET ADDRESS 3325 BAYSHORE BLVD., B-17 CITY-ST-ZIP TAMPA, FL 33629				TITLE 200044774182 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 01/14/05--01028--009 ***900.00 STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Debra J. Markwitz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Debra J. Markwitz 1/12/05 410-843 <small>Date Daytime Phone</small>			

PROGRESSUS THERAPY, INC.

Director and Officer Addendum

OFFICERS:

Name: John Kevin Hoey, President
Address: 1001 Fleet Street
City, State, Zip: Baltimore, Maryland 21202

Name: Christopher Hoehn-Saric, Vice President
Address: 1001 Fleet Street
City, State, Zip: Baltimore, Maryland 21202

Name: Jeffrey H. Cohen, Vice President and Secretary
Address: 1001 Fleet Street
City, State, Zip: Baltimore, Maryland 21202

Name: Peter J. Cohen, Vice President and Treasurer
Address: 1001 Fleet Street
City, State, Zip: Baltimore, Maryland 21202

Name: Debra J. Markwitz, Assistant Secretary
Address: 1001 Fleet Street
City, State, Zip: Baltimore, Maryland 21202

Name: Thomas A. Purcell, Assistant Secretary
Address: 1001 Fleet Street
City, State, Zip: Baltimore, Maryland 21202

DIRECTORS:

Name: Jeffrey H. Cohen
Address: 1001 Fleet Street
City, State, Zip: Baltimore, Maryland 21202

Name: Peter J. Cohen
Address: 1001 Fleet Street
City, State, Zip: Baltimore, Maryland 21202

Name: Kevin Shaffer
Address: 1001 Fleet Street
City, State, Zip: Baltimore, Maryland 21202