2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000080421

1. Entity Name
PROGRESSUS THERAPY, INC.

Principal Place of Business	Mailing Address
2701 N. ROCKY POINT DR., STE 650 TAMPA, FL 33607	2701 N. ROCKY POINT DR., STE 650 TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

02272006 No Chg-P CR2E034 (11/05)

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

CAPITOL CORPORATE SERVICES, INC.
1333 N. DUVAL STREET
TALLAHASSEE, FL 32303

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOEY, JOHN KEVIN
STREET ADDRESS	1001 FLEET STREET
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	V
NAME	HOEHN-SARIC, CHRISTOPHER
STREET ADDRESS	1001 FLEET STREET
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	VSD
NAME	COHEN, JEFFREY H
STREET ADDRESS	1001 FLEET STREET
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	VTD
NAME	COHEN, PETER J
STREET ADDRESS	1001 FLEET STREET
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	AS
NAME	MARKOWITZ, DEBRA J
STREET ADDRESS	1001 FLEET STREET
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	AS
NAME	PURCELL, THOMAS A
STREET ADDRESS	1001 FLEET STREET
CITY-ST-ZIP	BALTIMORE, MD 21202

UD00000516916
05/01/06-80023-015 150.00

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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 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: Debra J. Markowitz March 23, 2006 (410) 843-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Debra J. Markowitz, Assistant Secretary