

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90058 002 ***150.00

DOCUMENT # P00000080421

1. Entity Name
PROGRESSUS THERAPY, INC.



Principal Place of Business
3000 GULF TO BAY BLVDUE
SUITE #310
CLEARWATER FL 33759

Mailing Address
3000 GULF TO BAY BLVDUE
SUITE #310
CLEARWATER FL 33759

2. Principal Place of Business

2701 N. Rocky Point Dr.
Suite, Apt. #, etc.
Ste #650

3. Mailing Address

2701 N. Rocky Point Dr.
Suite, Apt. #, etc.
Ste #650

☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa Florida

City & State
Tampa Florida

4. FEI Number 59-3666413

Applied For
Not Applicable

Zip Country
33607 USA

Zip Country
33607

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCBURNIE, MICHAEL
2202 BAY CLUB CIRCLE
TAMPA FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)

902 S. Rome Ave

Unit C

City Tampa

FL

Zip Code 33606

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE D
NAME MCBURNIE, MICHAEL
STREET ADDRESS 3000 GULF TO BAY BLVD, STE 310
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

TITLE President
NAME
STREET ADDRESS 902 S. Rome Ave., Unit C
CITY-ST-ZIP Tampa, FL 33606 ☒ Change ☐ Addition

TITLE V
NAME BERTHELETTE, MICHAEL
STREET ADDRESS 918 SOUTH OREGON AVE
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE
NAME
STREET ADDRESS 3325 Bayshore Blvd. B-17
CITY-ST-ZIP Tampa FL 33629 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 which is like empowered.

SIGNATURE:

SIGNATURE REQUIRED

MICHAEL MCBURNIE

3/31/03

(813) 288-8131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)