FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007593 (4)

1. Corporation Name
PROGRESSIVE HEALTH OF SARASOTA COUNTY, INC.

Principal Place of Business	Mailing Address
3750 GUNN HIGHWAY STE. 2D TAMPA FL 33624	3750 GUNN HIGHWAY STE. 2D TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5453 W. WATERS AVE	26 5453 W. Waters Ave
Suite, Apt. #, etc. 22 Suite # 101	Suite, Apt. #, etc. 27 Suite 101
City & State 23 Tampa FL	City & State 28 Tampa FL
Zip / Country 24 33634 / 25	Zip / Country 29 33634 / 30

4. FEI Number: ☑ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEBBER, ANDREW R ~~3750 GUNN HIGHWAY~~ ~~STE. 2D~~ ~~TAMPA FL 33624~~	81 Name: Webber Andrew R. 82 Street Address (P.O. Box Number is Not Acceptable): 5453 W. Waters Ave # 101 83 84 City: Tampa FL 85 Zip Code: 33634

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of new registered agent) (Name of Registered Agent typed or printed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WEBBER, ANDREW R	12 NAME	
STREET ADDRESS	~~3750 GUNN HIGHWAY STE. 309~~	13 STREET ADDRESS	5453 West Waters Ave
CITY ST ZIP	~~TAMPA FL 33624~~	14 CITY ST ZIP	Suite # 101 Tampa FL. 33634
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	GRIFFING, JERRY W	22 NAME	
STREET ADDRESS	11407 94TH ST. NORTH	23 STREET ADDRESS	
CITY ST ZIP	LARGO FL 34643	24 CITY ST ZIP	
TITLE	~~TD~~	31 TITLE	☑ Change ☐ Addition
NAME	~~LEWIS, SAMUEL M~~	32 NAME	Delete
STREET ADDRESS	11601 4TH STREET NORTH STE. 4701	33 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL 33716	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/28/95 813-249-1549
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0299971 CP