

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007593

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

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90268 001 ***600.00

Principal Place of Business 4836 FLAMING RD TAMPA FL 33611 US	Mailing Address 4836 FLAMINGO RD TAMPA FL 33611-1012 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 23A 9th St. S	3. Mailing Address 23A 9th St. S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Petersburg, FL	City & State St. Petersburg, FL	4. FEI Number 59-3225435	Applied For <input type="checkbox"/> Not Applicable
Zip 33705	Country USA	Zip 33705	Country USA

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

6. Name and Address of Current Registered Agent
WEBBER, ANDREW R
4836 FLAMINGO RD
TAMPA FL 33611

7. Name and Address of New Registered Agent
 Name **Andrew R. WEBBER**
 Street Address (P.O. Box Number is Not Acceptable)
23A 9th St. S.
 City **St. Petersburg** FL Zip Code **33705**

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 *[Signature]* DATE 4/29/00
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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PD	<input type="checkbox"/> Delete
NAME WEBBER, ANDREW R	
STREET ADDRESS 4836 FLAMINGO RD	
CITY-ST-ZIP TAMPA FL 33611	
TITLE VSD	<input type="checkbox"/> Delete
NAME WEBBER, ELEANOR J	
STREET ADDRESS 4909 S. WESTSHORE BLVD.	
CITY-ST-ZIP TAMPA FL 33611	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Andrew R. WEBBER	
STREET ADDRESS 23A 9th St. S.	
CITY-ST-ZIP St. Petersburg, FL 33705	
TITLE Vice-Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Eleanor J. WEBBER	
STREET ADDRESS 23A 9th St. S.	
CITY-ST-ZIP St. Petersburg, FL 33705	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* DATE 4/23/00 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)