2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State
08-20-2001 90073 020 ***150.00

DOCUMENT # P99000011707

1. Entity Name
Progressive Healing Centers, Inc.

Principal Place of Business	Mailing Address
2041 University Dr. Coral Springs, Fl. 33071	2041 University Dr Coral Springs, Fl. 33071

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 3239 N. SR. 7	Suite, Apt. #, etc. 3239 N. SR. 7
City & State Margate, Fl.	City & State Margate, Fl.
Zip 33063 Country USA	Zip 33063 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0893986 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Mills, Gary
1701 W. Hillsboro Blvd Ste. 103
Deerfield Bch, Fl. 33442

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President D Anthony Sancetta 5740 N.W. 51st Place Coral Springs, Fl. 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President D Chris Capece 200 N.W. 77 Ave Margate, Fl. 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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] Chris Capece 8/13/01 (954) 868-5152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
P99000011707
B10062331

To: Division of Corporations,

Progressive Healing Centers moved locations early in 2001. While in transition, the mail was improperly fowarded and the business did not recieve the UBR renewal form. This unfortunate circumstance resulted in the UBR not being sent by the stated deadline. The company has just realized that there was a mixup and we immediatly began proceedings to get the form to the Division of Corporations. Your office directed us to write this letter explaining the situation and to send the standard $150.00 renewal fee. We can be contacted at (954) 868-5152. Thank you for your understanding.

Sincerely,

Chris Capece

P.S.) We cannot find record of the document #.