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Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **S21833** **(6)**

1. Corporation Name
PROGRESSIVE HEALTHCARE SERVICES, INC.

Principal Place of Business	Mailing Address
5453 W WATERS AVE STE 101 TAMPA FL 33634 US	5453 W WATERS AVE STE 101 TAMPA FL 33634 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1990

4. FEI Number: 59-3043349 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 4836 Flamingo Rd	26 Suite, Apt. #, etc.: 4836 Flamingo Rd.
22	27 7
23 City & State: Tampa, FL	28 City & State: Tampa, FL
24 Zip: 33611 25 Country	29 Zip: 33611 30 Country: USA

9. Name and Address of Current Registered Agent

WEBBER, ANDREW R.
~~5453 W WATERS AVE STE 101~~
~~TAMPA FL 33634~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4836 Flamingo Road
83 Tampa, FL 33611
84 City: FL 85 Zip Code

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: A. B. Webber 4/28/98
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WEBBER, ANDREW R.		1.2 NAME	
STREET ADDRESS	4836 FLAMINGO RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	SVD	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFINS, JERRY W.		2.2 NAME	
STREET ADDRESS	111 1ST ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEATIR BEAHC FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	200002547562
STREET ADDRESS			6.3 STREET ADDRESS	-06/04/98--01033--040
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***750.00

6/6/2

14. 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 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: A. B. Webber Vice Pres

CR2E034 (10/97)