FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED

May 14, 1999 8:00 am Secretary of State

05-14-1999 90002 043 ***450.00

Corporation Name	#	Sz	2	18	33	•	
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PROGRESSIVE HEALTHCARE SERVICES, INC.

4836 FLAMINGO			1633						
TARRA EL 800	O ROAD	4836 FLAMIN	GO ROAD						
TAMPA FL 3361	11	TAMPA FL 33	3611			DO NOT MIDITE	N TUIC C	DACE	
US		US				DO NOT WRITE I	N IHIS SI	PACE	
						3. Date Incorporated or Qualifed			ì
						12/11/1990			
2. Principal P	lace of Business	2a. Mailing A	Address			4. FEI Number		Ap	plied For
21		26				59-3043349		No	t Applicable
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.				1	\$8.75 A	dditional
22		27				5. Certifcate of Status Desired	1	Fee Re	quired
City & Stat	e	City & S	tate			6. Election Campaign Financing		\$5.00	May Be
─ '		28				Trust Fund Contribution]	Added to	
Zip	Country	Zip		Country		8. This corporation owes the current y	uanr Intan		
		<u></u> ⊢ '	30]		Personal Property Tax.	_		□No
24	25 25 Company of Compa	29		<u> </u>		10. Name and Address of New Regi			
	9. Name and Address of Cur	rent Registered Ayt	<u> </u>	81	Name	10. Name and Address of New Regi	aterou Ag	,0110	
WED	BBER, ANDREW R.			١٠.	Name				
				82	Street Ad	Idress (P.O. Box Number is Not Acceptable))		
	S FLAMINGO ROAD				Ĺ				
TAM	IPA FL 33611			83	Ì				
				-	O't-			85 Zip C	ode -
				84	City		FL	85 Zíp C	Joue
11 Pursuant	to the provisions of Sections 607	0502 and 607.1508. I	Florida Statutes, t	the above	e-named co	rporation submits this statement for the purp	pose of ch	anging its	registered
office or r	registered agent, or both, in the Sta	ate of Florida. Such d	hange was autho	nzea ov	ине согрога	ation's board of directors. I hereby accept the	e appointr	nent as reg	gistered
agent. La	m familiar with, and accept the ob	ligations of, Section 6	607.0505, Florida	Statutes	N				
SIGNATURE		سلاملا	4 20	<u> 19</u>	I+N CA	w RWEBBER	DATE		
	Signature, typed or printed name of registered		(NOTE Reg		nt signature requ	ADDITIONS/CHANGES TO OFFICE	_	DIRECTO	DC IN 12
12.	,	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICE		Change	Addition
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	Webber, andrew R.		Ŀ	1.2 NAME	ſ				ĺ
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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, with all other like empowered.

SIGNATURE:

ANDUO RULEBRA

CR2E034 (11/98)