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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR -8 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S30336 (9)

1. Corporation Name
PROGRESSIVE PSYCHOLOGICAL SERVICES, P.A.

Principal Place of Business	Mailing Address
11814 N 56TH ST SUITE A TEMPLE TERRACE FL 33617	11814 N 56TH ST SUITE A TEMPLE TERRACE FL 33617

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1509 W. SWANN AV	26 1509 W. SWANN AV
Suite, Apt. #, etc. 22 SUITE 255	Suite, Apt. #, etc. 27 SUITE 255
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33606 / Country 25 HILLS.	Zip 29 33606 / Country 30 HILLS.

3. Date Incorporated or Qualified: 02/07/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3043175 ☐ 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

POWELL, SARA A.
6110 SOARING AVE
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

01 Name: KLISCH MARK C
02 Street Address (P.O. Box Number is Not Acceptable)
03 1509 W. SWANN AV SUITE 255
04 City: TAMPA FL 05 Zip Code 33606

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 Mark C. Klisch — DATE 2/22/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PRESIDENT ☐ Change ☑ Addition
NAME	KLISCH, MARK C.	1.2 NAME	
STREET ADDRESS	3010 BAY VISTA	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	SEC./TREASURER ☐ Change ☑ Addition
NAME	INGRAM, T. MICHAEL	2.2 NAME	
STREET ADDRESS	1509 W SWANN #255	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Mark C. Klisch — 2/22/95 — 813-251-8856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303326 CP