I hereby certify that the information indicated on this report or supplemental report is true and accurate	ate and that my electronic 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 execut	ute this report as required by Chapter 617, Florida Statut	tes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: KEVIN KOI KA	SEC/TREAS	04/13/2021

SIGNATURE: KEVIN KOLKA

Electronic Signature of Signing Officer/Director Detail

Entity Name: PROGRESSIVE PEDIATRIC DEVELOPMENTAL CENTER, INC.

Current Principal Place of Business:

1717 HERMITAGE BOULEVARD TALLAHASSEE, FL 32308

Current Mailing Address:

1725 HERMITAGE BOULEVARD TALLAHASSEE, FL 32308 US

FEI Number: 27-1432560

Name and Address of Current Registered Agent:

KOLKA, KEVIN A 1725 HERMITAGE BOULEVARD TALLAHASSEE, FL 32308 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	TREA	Title	PRESIDENT
Name	KOLKA, KEVIN A	Name	MERCER, NICOLE
Address	8108 BLENHEIM LANE	Address	1051 WINTER LANE
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32311

SEC/TREAS

Certificate of Status Desired: No

FILED Apr 13, 2021 Secretary of State 2607643347CC

Date

Date