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03-23-1999 90018 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N39014** Name changed 12-8-9

1. Corporation Name

~~DAYTOP VILLAGE OF FLORIDA, INC.~~

PHOENIX PROGRAMS OF FLORIDA INC.

DBA PHOENIX HOUSES OF FLORIDA

Principal Place of Business	Mailing Address
936 S.E. FT. KING ST. LEGAL DEPARTMENT OCALA FL 34471 US	936 S.E. FT. KING ST. LEGAL DEPARTMENT OCALA FL 34471 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/05/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3172948 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TRUMBULL, WILLIAM ESQ.
501 E. KENNEDY BLVD.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
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	CEO	☐ DELETE	1.1 TITLE	Vice President/Regional Director	☒ Change ☐ Addition
NAME	D. BRIAN COLLIER		1.2 NAME		
STREET ADDRESS	936 SE FT KING ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		1.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DR RICHARD GUTEKUNST		2.2 NAME		
STREET ADDRESS	936 SE FT KING ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HIGGINS, LAWRENCE E		3.2 NAME		
STREET ADDRESS	3410 W HILLSBOROUGH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, FREDERICK		4.2 NAME		
STREET ADDRESS	1814 HAMMOCK BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITFIELD PALMER, JR.		5.2 NAME		
STREET ADDRESS	3080 SW 53RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	DR. Mitchell Rosenthal	☐ Change ☒ Addition
NAME			6.2 NAME	PRESIDENT	
STREET ADDRESS			6.3 STREET ADDRESS	164 West 74th Street	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	New York, NY 10023	

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 617, 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: [signature] **REQUIRED** 3-17-99 352-867-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)