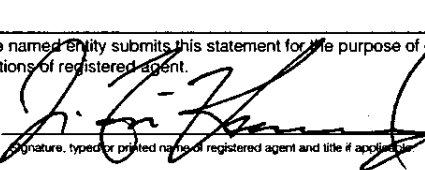
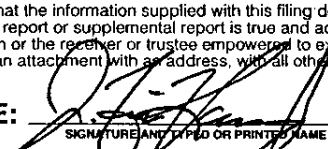


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90031 013 ****61.25

DOCUMENT # N39014 1. Entity Name PHOENIX PROGRAMS OF FLORIDA, INC.					
Principal Place of Business 936 S.E. FT. KING ST. OCALA, FL 34474 US			Mailing Address 936 S.E. FT. KING ST. OCALA, FL 34474 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip 34471 Country		Zip 34471 Country		03302004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3172948				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PHOENIX PROGRAMS OF FLORIDA, INC 936 SE FORT KING ST OCALA, FL 34471	
7. Name and Address of New Registered Agent Name Phoenix Programs of Florida, Inc. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  J. Finn Kavanagh, Regional Director 3/30/04 (NOTE: Registered Agent signature required when reinstating) Vice President	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VRD KAVANAGH, J. FINN 936 SE FT KING ST OCALA, FL 34471	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Higgins, Laurence E. 5225 Himes Ave. West Tampa, FL 33614	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DR RICHARD GUTEKUNST 936 SE FT KING ST OCALA, FL 34471	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doyle, James H. 3031 N. Rocky Point Dr., Ste. 700 Tampa, FL 33607	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, LAWRENCE E 3410 W HILLSBOROUGH AVE TAMPA, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gay, J. William 524 Stockton St. Jacksonville, FL 32204	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPITANO, JOE SR 1302 N 19TH STREET TAMPA, FL 33605	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lloyd, Robert W. 220 South Ridgewood Ave. Daytona Beach, FL 32114	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIUNTA, EDWARD SR 2701 W BUSCH BLVD TAMPA, FL 33618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENTHAL, MITCHELL DR 164 WEST 74TH ST NEW YORK, NY 10023	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			J. Finn Kavanagh SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date			3/30/04 813.989.9170 Daytime Phone # X6210		