2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90250 048 ****61.25

DOCUMENT # N39014

1. Entity Name
PHOENIX PROGRAMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
5620 EAST FOWLER AVENUE SUITE 8 TEMPLE TERRACE, FL 33617 US	5620 EAST FOWLER AVENUE SUITE 8 TEMPLE TERRACE, FL 33617 US

01062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

KAVANAGH, FINN
5620 EAST FOWLER AVENUE
STE 8
TEMPLE TERRACE, FL 33617

7. Name and Address of New Registered Agent

Name

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 1/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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 5620 EAST FOWLER AVENUE STE 8 TEMPLE TERRACE, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	See attached list for Board of Directors	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C DR RICHARD GUTEKUNST 5620 EAST FOWLER AVENUE STE 8 TEMPLE TERRACE, FL 33617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPITANO, JOSEPH SR P.O. BOX 5238 TAMPA, FL 33675	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOYLE, JAMES H III 3031 NORTH ROCKY POINT DRIVE WEST STE 700 TAMPA, FL 336070	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAY, J. WILLIAM 524 STOCKTON STREET JACKSONVILLE, FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GIUNTA, EDWARD F SR 2701 WEST BUSCH BOULEVARD STE 118 TAMPA, FL 33618	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/10/06 813.989.9170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

#N39014 ATTACHMENT
600028803

PHOENIX PROGRAMS of FLORIDA

VICE PRESIDENT/REGIONAL DIRECTOR

J. FINN KAVANAGH — **TITLE: V/RD**
5620 E. Fowler Av., Suite 8
Temple Terrace, FL 33617

CHAIRMAN

JAMES H. DOYLE III — **TITLE: C**
5620 E. Fowler Avenue Suite 8
Temple Terrace, FL 33617

DIRECTORS

JOSEPH CAPITANO, SR. — **TITLE: D**
5620 E. Fowler Ave., Suite 8
Temple Terrace, FL 33617

EDWARD F. GIUNTA, SR. — **TITLE: D**
5620 E. Fowler Ave., Suite 8
Temple Terrace, FL 33617

RICHARD R. GUTEKUNST, Ph.D. — **TITLE: D**
5620 E. Fowler Ave., Suite 8
Temple Terrace, FL 33617

MONSIGNOR LAURENCE E. HIGGINS — **TITLE: D**
5620 E. Fowler Ave., Suite 8
Temple Terrace, FL 33617

S. CHARLES JETER, Ph.D. — **TITLE: D**
5620 E. Fowler Ave., Suite 8
Temple Terrace, FL 33617

MITCHELL S. ROSENTHAL, M.D. — **TITLE: P**
5620 E. Fowler Ave., Suite 8
Temple Terrace, FL 33617

STEVEN E. ROVNER, CPA — **TITLE: D**
5620 E. Fowler Ave., Suite 8
Temple Terrace, FL 33617

JOSEPHINE VITALE — **TITLE: D**
5620 E. Fowler Ave., Suite 8
Temple Terrace, FL 33617