2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90018 006 ****61.25

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01112007 Chg-NP CR2E037 (12/06)

DOCUMENT # N39014

1. Entity Name
PHOENIX PROGRAMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
936 SE FORT KING STREET OCALA, FL 34474 US	15681 NORTH US HIGHWAY 301 CITRA, FL 32113

2. Principal Place of Business - No P.O. Box #		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	7. Name and Address of New Registered Agent
NATIONAL REGISTERED AGENTS, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	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 ______________________________
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, 2007**	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 of Board of Directors	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: [signature] 1/11/07 813.989.9170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT # 60010471 N39014

PHOENIX PROGRAMS of FLORIDA

VICE PRESIDENT/REGIONAL DIRECTOR

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

CHAIRMAN

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

DIRECTORS

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

JILL COLLINS — **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

EDWARD F. GIUNTA, II — **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