2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N39014 1. Entity Name PHOENIX PROGRAMS OF FLORIDA, INC.								02-01-200		06 ****61	1.25
Principal Place of Business 936 SE FORT KING STREET 0CALA, FL 34474 US Mailing Address 15681 NORTH US HIGHWAY 30 CITRA, FL 32113)1		t	יצטנטטי	1		
2. Principal P	face of Business - No P.O. Box #	3. Mailing Ac	ddress								
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.				01112007	Chg-NP	CR2E0	37 (12/06)	
City & State	0	City & St	City & State				4. FEI Numb 59-317			<u> </u>	plied For at Applicable
Zip	Zip Country Z		ip Cou		intry			\$8.75 Add Fee Require	litional		
	6. Name and Address of Current	t Registered Age	ent				7. Name and	Address of Nev	v Registered	Agent	
NATIONAL REGISTERED AGENTS, INC. 2731 EXECUTIVE PARK DRIVE					Name Street Address (P.O. Box Number is Not Acceptable)						
SUITE 4											
WESTON,	FL 33331				City				FL	Zip Code	8
8. The above	named entity submits this statement for	or the purpose of	f changing its re	egistere	ed office or	register	ed agent, or bo	th, in the State of		familiar with,	and accept
the obligat	tions of registered agent.			•		_	_				
CICMATURE											
SIGNATURE .	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE:	Registered	d Agent signatu	ne iedniseq	when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2007	<u> </u>	(NOTE:	paign F	inancing	ure required	when reinstating) \$5.00 May E Added to Fees	Be F	Make chec	k payable to	
SIGNATURE	Filing Fee Is \$61.25	9.	Election Cam	paign F	inancing		\$5.00 May E	he F	Make chec lorida Depa	rtment of St	tate
	Filing Fee Is \$61.25 Due by May 1, 2007 OFFICERS AND D	9.	Election Cam	paign F ontributi	inancing ion.		\$5.00 May E		Make chec lorida Depa	rtment of St	tate
10.	Filing Fee Is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. IRECTORS	Election Cam Trust Fund Co	paign Fontributi	Financing ion.		\$5.00 May E Added to Fees ADDITIONS/CH		Make chec lorida Depa CERS AND D	rtment of St	110
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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 truster 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 applicable, with all other like empowered.

CITY-ST-ZIP

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DESCRIPTION

1/11/07 813.989.9170

Daytime Phone #

ATTACHMENT # V39014 PHOENIX PROGRAMS of FLORIDA 9014

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

Temple Terrace, TE 33017

TITLE: D

EDWARD F. GIUNTA, II 5620 E. Fowler Ave., Suite 8 Temple Terrace, EL 33617

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