

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

60010411



<b>DOCUMENT # N39014</b> 1. Entity Name PHOENIX PROGRAMS OF FLORIDA, INC.					
Principal Place of Business 936 SE FORT KING STREET OCALA, FL 34474 US			Mailing Address 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		4. FEI Number <b>59-3172948</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  NATIONAL REGISTERED AGENTS, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VRD KAVANAGH, J. FINN 5620 EAST FOWLER AVENUE STE 8 TEMPLE TERRACE, FL 33617			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	see attached list of Board of Directors			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____				Date: 1/11/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 813.989.9170	

**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