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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001411 (5)

1. Corporation Name
PHOENIX CLINIC INC.

Principal Place of Business	Mailing Address
757 N.E. 126 STREET N. MIAMI FL 33161	757 N.E. 126 STREET N. MIAMI FL 33161-4822

3. Date Incorporated or Qualified: 03/08/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 12907 NE 7th Ave.	26 12907 NE 7th Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: N.Miami, Fl	28 City & State: N.Miami, Fl
24 Zip: 33161 25 Country: USA	29 Zip: 33161 30 Country: USA

4. FEI Number: 65-0650818 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD., STE. 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name: Charles Jewett
82 Street Address (P.O. Box Number is Not Acceptable): 2435 Hollywood Blvd # 204
83 Hollywood, Fl
84 City: [illegible] FL 85 Zip Code: 33020

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or ~~registered agent, or both, in the State of Florida. Such change~~ was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 1/29/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Bonnie Graham 12907 N.E. 7th Ave N.Miami, Fl 33161	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT BONNIE GRAHAM 12907 N.E. 7TH AVE N. MIAMI, Fla. 33161	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President monique Graham 12907 N.E. 7ave. N.miami, Fl 33161	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	CHAIRMAN D.ERVAN ZIMMER M.D. 12907 N.E. 7TH AVE NO.MIAMI, Fla 33161	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	DIRECTOR DWIGHARD K. RADCLIFFE 1690 N.E. 144 ST NO.MIAM, Fla 33181	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D.THOMAS SCHNIEDERS 1300 MIAMI GARDENS DR. NO. Miami Bch, Fla 33179	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D.JEANETTE CARR 450 N.E. 127 TH ST. North Miami, Fla. 33161	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D.JOHN THOMAS PRIEUR 9660 PINE TRAIL ct. LAKE WORTH, Fla 33467	☐ Change ☑ Addition pr 6.17

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Bonnie Graham V.P. (305) 891-3439