2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2004 8:00 am **Secretary of State** DOCUMENT # N96000001411 03-22-2004 90029 016 ****61.25 PHOENIX CLINIC INC. Principal Place of Business Mailing Address 12907 N.E. 7TH AVENUE N. MIAMI FL 33161 12907 N.E. 7TH AVENUE 54020485 N. MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 65-0650818 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORROW, EDWARD Street Address (P.O. Box Number is Not Acceptable) 3355 ASHWOOD COURT TARPON SPRINGS FL 34688 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE GRAHAM, BONNIE SEGAL , DR SCOTT NAME NAME 12907 NE 7TH AVE. STREET ADDRESS 12907 NE 7TH AVE. STREET ADDRESS N. MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP N. MIAMI , FL 33161 Delete ☐ Change __ Addition TITLE TITLE ZIMMER, EVAN DR NAME NAME 323 PALM BLVD STREET ADDRESS STREET ADDRESS WESTON FL 33326 CITY-ST-ZIP CITY-ST-ZIP 🛛 Delete Change Addition TITLE TITLE SCHNEIDERS, TOM NAME NAME 5519 LAKE SHORE VILLAGE CIR. STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE CARR, JEANETTE NAME NAME 450 N.E. 27TH ST. STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition TITLE ☐ Delete MORROW, EDWARD NAME NAME 3355 ASHWOOD COURT STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34688 CITY-ST-ZIP CITY-ST-7iP Delete TITLE ☐ Change ☐ Addition TITLE GRAIMM , ΜοΝίαυΕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I 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 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, Fiorida 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.

SIGNATUME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED

(727) 939-2261

Daylime Phone #

2/3/2004