## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000001411

Entity Name: PHOENIX CLINIC INC.

FILED Juņ 30, 2<u>00</u>5 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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12907 N.E. 7TH AVENUE 13730 NW 6TH COURT N. MIAMI, FL 33161 NORTH MIAMI, FL 33168

**Current Mailing Address: New Mailing Address:** 

12907 N.E. 7TH AVENUE 13730 NW 6TH COURT N. MIAMI, FL 33161 NORTH MIAMI, FL 33168

FEI Number: 65-0650818 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORROW, EDWARD 3355 ASHWOOD COURT TARPON SPRINGS, FL 34688 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete GRAHAM, BONNIE GRAHAM, BONNIE Name: Name: Address: 12907 NE 7TH AVE Address: 13730 NW 6TH COURT City-St-Zip: N. MIAMI, FL 33161 City-St-Zip: NORTH MIAMI, FL 33168

Title: () Delete Title: (X) Change ( ) Addition Name: MORROW, EDWARD Name: MORROW, EDWARD

Address: 3355 ASHWOOD COURT Address: 13730 NW 6TH COURT City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: NORTH MIAMI, FL 33168

Title: () Delete Title: (X) Change ( ) Addition

SCOTT, SEGAL DR Name: SCOTT, SEGAL DR Name: 13730 NW 6TH COURT Address: 12907 NE 7TH AVE Address: City-St-Zip: N MIAMI, FL 33161 City-St-Zip: NORTH MIAMI, FL 33168

Title: () Delete Title: VD ( ) Change (X) Addition

Name: Name: GRAHAM, MONIQUE Address: Address: 13730 NW 6TH COURT City-St-Zip: City-St-Zip: NORTH MIAMI, FL 33168

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD MORROW TD 06/30/2005