

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153442

FILED
Apr 04, 2005
Secretary of State

Entity Name: PHOENIX CLINIC, INC. OF BROWARD

Current Principal Place of Business:

3355 ASHWOOD CT
TARPON SRPINGS, FL

New Principal Place of Business:

2040 NE 49TH STREET
FT LAUDERDALE, FL 33308

Current Mailing Address:

3355 ASHWOOD CT
TARPON SRPINGS, FL

New Mailing Address:

2040 NE 49TH STREET
FT. LAUDERDALE, FL 33308

FEI Number: 20-0633545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

EDWARD MORROW, MBA, CPA, PA
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: EDWARD MORROW

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRAHAM, BONNIE
Address: 3355 ASHWOOD CT
City-St-Zip: TARPON SRPINGS, FL

Title: VD () Delete
Name: GRAHAM, MONIQUE
Address: 3355 ASHWOOD CT
City-St-Zip: TARPON SRPINGS, FL D

Title: D () Delete
Name: STD, NIRRIWEDWARD
Address: 3355 ASHWOOD CT
City-St-Zip: TARPON SRPINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRAHAM, BONNIE
Address: 3225 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: VD (X) Change () Addition
Name: GRAHAM, MONIQUE
Address: 1607 SW 157TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: STD (X) Change () Addition
Name: MORROW, EDWARD J
Address: 3355 ASHWOOD CT
City-St-Zip: TARPON SRPINGS, FL 33020

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD MORROW

STD

04/04/2005

Electronic Signature of Signing Officer or Director

Date