2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# P03000153442

Entity Name: PHOENIX CLINIC, INC. OF BROWARD

Current Principal Place of Business:

2040 NE 49TH STREET
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

2040 NE 49TH STREET
FT. LAUDERDALE, FL 33308

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 (X)**

Name and Address of Current Registered Agent:

EDWARD MORROW, MBA, CPA, PA
6148 RIVIERA LANE
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GRAHAM, BONNIE
Address: 3700 SW 54TH STREET
City-St-Zip: DANIA, FL 33312

Title: VD ( ) Delete
Name: GRAHAM, MONIQUE
Address: 14131 SW 33RD COURT
City-St-Zip: DAVIE, FL 33330

Title: STD ( ) Delete
Name: MORROW, EDWARD J
Address: 6148 RIVIERA LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MONIQUE GRAHAM VD 01/16/2008

Electronic Signature of Signing Officer or Director — Date