

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153442

FILED  
Mar 03, 2009  
Secretary of State

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:

2710 VAN BUREN STREET  
HOLLYWOOD, FL 33020

## Current Mailing Address:

2040 NE 49TH STREET  
FT LAUDERDALE, FL 33308

## New Mailing Address:

2710 VAN BUREN STREET  
HOLLYWOOD, FL 33020

FEI Number: 20-0633545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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:

GRAHAM, BONNIE  
13730 NW 6TH COURT  
NORTH MIAMI, FL 33168 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: BONNIE GRAHAM

03/03/2009

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 (X) 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

03/03/2009

Electronic Signature of Signing Officer or Director

Date