

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P93000058606

1. Entity Name
**ADVANCED ADDICTION TREATMENT CENTER - THE
PHOENIX GROUP, P.A.**



Principal Place of Business
**668 N. DIXIE
HOLLYWOOD, FL 33020 US**

Mailing Address
**668 N. DIXIE HWY
HOLLYWOOD, FL 33020 US**



07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **01-0460581** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURG, KENNETH
7400 SW 37TH COURT
DAVIE, FL 33314**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **ED**
NAME **BURG, KENNETH**
STREET ADDRESS **7400 SW 37TH COURT**
CITY-ST-ZIP **DAVIE, FL 33314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000768446
07/12/07-80009-006 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-07

Date

9549203810

Daytime Phone #