

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000102696

**Entity Name:** PHOENIX OF DAVIE, INC.**Current Principal Place of Business:**941-A CLINT MOORE ROAD  
BOCA RATON, FL 33487**Current Mailing Address:**941-A CLINT MOORE ROAD  
BOCA RATON, FL 33487 US**FEI Number:** 65-0801200**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEVINS, GLENN  
941-A CLINT MOORE ROAD  
BOCA RATON, FL 33487 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:** GLENN LEVINS

04/06/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | P                      |
| Name            | LEVINS, GLENN          |
| Address         | 941-A CLINT MOORE ROAD |
| City-State-Zip: | BOCA RATON FL 33487    |

|                 |                        |
|-----------------|------------------------|
| Title           | V                      |
| Name            | LEVINS, GARY           |
| Address         | 941-A CLINT MOORE ROAD |
| City-State-Zip: | BOCA RATON FL 33487    |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | LEVINS, RACHEL M       |
| Address         | 941-A CLINT MOORE ROAD |
| City-State-Zip: | BOCA RATON FL 33487    |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | LOBELLO, RUSS          |
| Address         | 941-A CLINT MOORE ROAD |
| City-State-Zip: | BOCA RATON FL 33487    |

*I hereby 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 all other like empowered.*

**SIGNATURE:** GLENN OF LEVINS

P

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date