

2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V22377

Entity Name: PHOENIX ASSOCIATES OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**13180 LIVINGSTON ROAD
SUITE 204
NAPLES, FL 34109**Current Mailing Address:**13180 LIVINGSTON ROAD
SUITE 204
NAPLES, FL 34109 US**FEI Number:** 65-0319840**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOWELL, BRIAN
13180 LIVINGSTON ROAD
SUITE 204
NAPLES, FL 34109 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	MOSHER, STAN
Address	13180 LIVINGSTON ROAD SUITE 204
City-State-Zip:	NAPLES FL 34109

Title	VP
Name	HOWELL, BRIAN
Address	13180 LIVINGSTON ROAD SUITE 204
City-State-Zip:	NAPLES FL 34109

Title	VP
Name	JOHNS, RANDY
Address	13180 LIVINGSTON ROAD SUITE 204
City-State-Zip:	NAPLES FL 34109

Title	TR
Name	JOHNS, RANDY
Address	13180 LIVINGSTON ROAD SUITE 204
City-State-Zip:	NAPLES FL 34104

Title	SEC
Name	HOWELL, BRIAN
Address	13180 LIVINGSTON ROAD SUITE 204
City-State-Zip:	NAPLES FL 34109

Title	VP
Name	MCVICKER, KEVIN
Address	13180 LIVINGSTON RD SUITE 204
City-State-Zip:	NAPLES FL 34109

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: BRIAN HOWELL

VP

06/02/2014

Electronic Signature of Signing Officer/Director Detail_____
Date