

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001094

Entity Name: NORTH/SOUTH FLORIDA DRUG REHABILITATION,
INCORPORATED

Current Principal Place of Business:

515 WASHINGTON STREET
JACKSONVILLE, FL 32202

Current Mailing Address:

515 WASHINGTON STREET
JACKSONVILLE, FL 32202 US

FEI Number: 26-0000195

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RANDOLPH, LESTER
515 WASHINGTON STREET
JACKSONVILLE, FL 32202 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	CEO	Title	COO, PRESIDENT
Name	RANDOLPH, LESTER	Name	HAMPTON, GENO
Address	515 WASHINGTON STREET	Address	515 WASHINGTON STREET
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GENO HAMPTON

COO

03/15/2016

Electronic Signature of Signing Officer/Director Detail

Date