

2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/30

FILED
Sep 20, 2004 8:00 am
Secretary of State

08-30-2004 90015 025 ***550.00

DOCUMENT # M43081	
1. Entity Name SOUTH FLORIDA SUBSTANCE ABUSE, INC.	

Principal Place of Business 7061 GRAND NATIONAL DRIVE SUITE 148 ORLANDO, FL 32819	Mailing Address 7061 GRAND NATIONAL DRIVE SUITE 148 ORLANDO, FL 32819
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66433831



2. Principal Place of Business 14050 Town Loop Blvd.	3. Mailing Address 14050 Town Loop Blvd.
Suite, Apt. #, etc. Suite 204	Suite, Apt. #, etc. Suite 204

08262004 Chg-P CR2E034 (10/03)

City & State Orlando, Florida	City & State Orlando, Florida
Zip 43837	Zip 32837
Country Orange	Country Orange

4. FEI Number
65-0073864

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent GALLAGHER, T. MARK 7061 GRAND NATIONAL DRIVE SUITE 148 ORLANDO, FL 32819-2525	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	14050 Town Loop Blvd.
Suite	204
City	Orlando
State	FL
Zip Code	32837

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 *T. Mark Gallagher* **8/26/04**
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 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KOZAK, MARK C/O WARWICK GROUP, 70 MAIN STREET NEW CANAAN, CT 06840 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SPRAGUE, R. PAUL C/O WARWICK GROUP, 70 MAIN STREET NEW CANAAN, CT 06840 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mark Kozak Vice President* **9/14/04** **207-966-7447**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment
HM 43681
Colonial Management Group, LP

66433831

Jo Ann G. Porter
Licensing Coordinator

MEMORANDUM

To: Florida Department of State

From: Jo Ann G. Porter, Licensing Coordinator
Colonial Management Group, LP

Date: September 16, 2004

Re: Annual Report/Uniform Business Reports for:
South Florida Substance Abuse, Inc.
Metro Treatment of Florida, LP
AHRC, Inc.

Enclosed please find the signed reports for the above referenced entities. Per your letter dated September 2, 2004 (copy attached) the reports for South Florida Substance Abuse, Inc. was not signed. This was an oversight, and with further research I realized that the other reports were also sent without a signature. I have enclosed all three reports with this memo.

If you are in need of any additional information please feel free to contact me at 407-351-7080 extension 101.

Thank you.