

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90086 044 ***558.75

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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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0073864**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **T. MARK GALLAGHER**
Street Address (P.O. Box Number is Not Acceptable)
**7061 GRAND NATIONAL DRIVE
SUITE 148**
City **ORLANDO** **FL** Zip Code **32819-2525**

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*
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
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** ☐ Delete
NAME **KOZAK, MARK**
STREET ADDRESS **C/O WARWICK GROUP, 70 MAIN STREET**
CITY-ST-ZIP **NEW CANAAN CT 06840**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DPS** ☐ Delete
NAME **SPRAGUE, R. PAUL**
STREET ADDRESS **C/O WARWICK GROUP, 70 MAIN STREET**
CITY-ST-ZIP **NEW CANAAN CT 06840**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *T. Mark Gallagher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *25 Aug 03* Daytime Phone #

CR2E034 (4/03)