



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001094 1. Entity Name NORTH/SOUTH FLORIDA DRUG REHABILITATION, INCORPORATED				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 SEP 30 PM 4:04	
Principal Place of Business 608 NORTH BALIA ST. <i>Julia</i> JACKSONVILLE, FL 32202		Mailing Address 608 NORTH BALIA ST. JACKSONVILLE, FL 32202			
2. Principal Place of Business 608 NORTH JULIA ST.		3. Mailing Address 608 NORTH JULIA ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FLORIDA		4. FEI Number 28-0000195	
Zip 32202		Country UNITED STATES		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANDOLPH, LESTER 4207 LAROSA DRIVE JACKSONVILLE, FL 32218				7. Name and Address of New Registered Agent Name LESTER RANDOLPH Street Address (P.O. Box Number is Not Acceptable) 4207 LAROSA DRIVE City JACKSONVILLE FL Zip Code 32217	
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 _____ DATE <u>7/2/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RANDOLPH, LESTER 4207 LAROSA DRIVE JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LESTER RANDOLPH 4207 LAROSA DRIVE JACKSONVILLE, FLORIDA 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMPTON, GENO 1108 CREED RIDGE ROAD JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GENO HAMPTON 100 ARBOR COURT KINGSLAND, GEORGIA 31548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500041562175 10/04/04--01018--018 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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 employed to execute this report as required by Chapter 617, 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 entries.					
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/2/2004</u> Daytime Phone <u>904.301.1145</u>		