

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90127 014 ****61.25

DOCUMENT # N38614

1. Entity Name
FLORIDA SOCIETY OF ADDICTION MEDICINE, INC.



Principal Place of Business
**HSC 890 LEXINGTON ROAD
PENSACOLA, FL 32514 US**

Mailing Address
**HSC 890 LEXINGTON ROAD
PENSACOLA, FL 32514 US**

50034337



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2992737

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DONOFRIO, ROBERT
HSC 890 LEXINGTON ROAD
PENSACOLA, FL 32514**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BENSON, ANDRE MD**
STREET ADDRESS **1709 W RICHARDSON PLACE**
CITY-ST-ZIP **TAMPA, FL 336063226**

TITLE **D** ☐ Delete
NAME **KAMLET, JEFFREY MD**
STREET ADDRESS **300 ARTHUR GODFREY RD., STE. 200**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **PD** ☐ Delete
NAME **MEHTA, VINCENT**
STREET ADDRESS **114 6TH AVE., #2**
CITY-ST-ZIP **INDIALANTIC, FL 329033204**

TITLE **TD** ☐ Delete
NAME **MOLEA, JOSEPH MD**
STREET ADDRESS **825 WEST LINEBAUGH AVE.**
CITY-ST-ZIP **TAMPA, FL 336127855**

TITLE **D** ☐ Delete
NAME **BAKULE, PAUL T. M**
STREET ADDRESS **2300 5TH AVE.**
CITY-ST-ZIP **VERO BEACH, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** ☒ Change ☐ Addition
NAME **Kamlet, Jeffrey MD**
STREET ADDRESS **300 Arthur Godfrey Rd Ste. 200**
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE **TD** ☒ Change ☐ Addition
NAME **Menta, Vincent**
STREET ADDRESS **114 6th Ave #2**
CITY-ST-ZIP **Indialantic, FL 329033204**

TITLE **D** ☒ Change ☐ Addition
NAME **Molea, Joseph MD**
STREET ADDRESS **825 West Linebaugh Avenue**
CITY-ST-ZIP **Tampa, FL 336127855**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 4, 2005 (850) 484-3560

Date

Daytime Phone #