

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90203 036 \*\*\*\*70.00



**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**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04242006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2992737</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KAMLET, JEFFREY MD 300 ARTHUR GODFREY RD., STE. 200 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEHTA, VINCENT 114 6TH AVE., #2 INDIALANTIC, FL 329033204 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLEA, JOSEPH MD 825 WEST LINEBAUGH AVE. TAMPA, FL 336127855 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKULE, PAUL T. M 2300 5TH AVE. VERO BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHELLE BAUER MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4531 N. Bay Road MIAMI Bch, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACY SEIKEL MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CDPL 205 S. Ecola Drive ORLANDO, FL 32801

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Robert Donofrio **ROBERT DONOFRIO** 04/24/06 850-484-3560  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #