

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38614

FILED
May 10, 2007
Secretary of State

Entity Name: FLORIDA SOCIETY OF ADDICTION MEDICINE, INC.

Current Principal Place of Business:

HSC 890 LEXINGTON ROAD
PENSACOLA, FL 32514 US

New Principal Place of Business:

301 W. PLATT ST.
#335
TAMPA, FL 33606 US

Current Mailing Address:

HSC 890 LEXINGTON ROAD
PENSACOLA, FL 32514 US

New Mailing Address:

301 W. PLATT ST.
#335
TAMPA, FL 33606 US

FEI Number: 59-2992737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HARDEN, JOHN R MR.
301 W. PLATT ST.
#335
TAMPA, FL 33606 US

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.

SIGNATURE: JOHN HARDEN

05/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAMLET, JEFFREY MD
Address: 300 ARTHUR GODFREY RD., STE. 200
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: MEHTA, VINCENT
Address: 114 6TH AVE., #2
City-St-Zip: INDIALANTIC, FL 329033204

Title: D () Delete
Name: MOLEA, JOSEPH MD
Address: 825 WEST LINEBAUGH AVE.
City-St-Zip: TAMPA, FL 336127855

Title: D () Delete
Name: BAKULE, PAUL T. M
Address: 2300 5TH AVE.
City-St-Zip: VERO BEACH, FL

Title: TD () Delete
Name: BAUER, MICHELLE MD
Address: 4531 N. BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: SEIKEL, STACY MD
Address: CDFL 203 S. ECOLA DRIVE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOLLSCHLAEGER, BERND MD
Address: 16899 NE 15TH AVE
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D (X) Change () Addition
Name: MEHTA, VINCENT
Address: 114 6TH AVE., #2
City-St-Zip: INDIALANTIC, FL 329033204 US

Title: D (X) Change () Addition
Name: TEITELBAUM, SCOTT MD
Address: 12504 NW 116TH PL
City-St-Zip: ALACHUA, FL 32615 US

Title: D (X) Change () Addition
Name: REDWING, JAMIE MD
Address: 8620 NE 2ND AVE
City-St-Zip: EL PORTAL, FL 33138 US

Title: TD (X) Change () Addition
Name: BAUER, MICHELLE MD
Address: 4531 N. BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HARDEN

MR.

05/10/2007

Electronic Signature of Signing Officer or Director

Date