

2005 FOR PROFIT CORPORATION ANNUAL REPORT


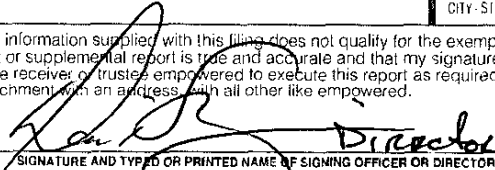
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Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90262 032 ***150.00

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04252005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000085090			
1. Entity Name NORTH FLORIDA ADDICTION MEDICINE, INC.			
Principal Place of Business 18755 BISCAYNE BLVD.4 AVENTURA, FL 33180		Mailing Address 18755 BISCAYNE BLVD.4 AVENTURA, FL 33180	
2. Principal Place of Business 2999 NE 191 Street Suite, Apt. #, etc. PH 8 City & State Aventura FL. Zip 33180 Country USA		3. Mailing Address 2999 NE 191 Street Suite, Apt. #, etc. PH 8 City & State Aventura FL. Zip 33180 Country USA	
4. FEI Number 65-1146420		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, ROY 18755 BISCAYNE BLVD. AVENTURA, FL 33180		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHURGIN, DAVID 18755 BISCAYNE BLVD. AVENTURA, FL 33180 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DIRECTOR		Date: 4/26/05 Daytime Phone #: 305-918-0009	
DAVID Shurgin			