


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90040 020 \*\*\*150.00

**DOCUMENT # P01000085090**

1. Entity Name  
 NORTH FLORIDA ADDICTION MEDICINE, INC.



Principal Place of Business      Mailing Address

4400 BISCAYNE BLVD.  
 900  
 AVENTURA, FL 33180

2999 NE 191 STREET  
 PH 8  
 AVENTURA, FL 33180

60025057

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

2701 GATEWAY DRIVE      2701 GATEWAY DRIVE

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

POMPANO BEACH, FL      POMPANO BEACH, FL

Zip      Country      Zip      Country

33069      USA      33069      USA



03312008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

65-1146420      Not Applicable

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

ADAMS, ROY  
 4400 BISCAYNE BLVD. #900  
 MIAMI, FL 33137

Name

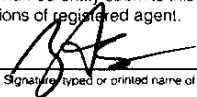
Street Address (P.O. Box Number is Not Acceptable)

2701 GATEWAY DRIVE

City      State      Zip Code

POMPANO BEACH      FL      33069

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: 4/14/08

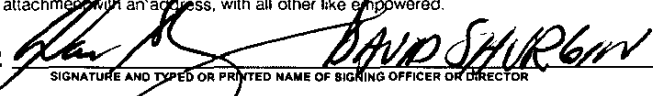
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHURGIN, DAVID	NAME	
STREET ADDRESS	4400 BISCAYNE BLVD. #900	STREET ADDRESS	2701 GATEWAY DRIVE
CITY-ST-ZIP	MIAMI, FL 33137	CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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:       DATE: 4/14/08      DAYTIME PHONE #: (305) 213-0665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #