

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000085090

FILED
Apr 19, 2010
Secretary of State

Entity Name: NORTH FLORIDA ADDICTION MEDICINE, INC.

Current Principal Place of Business:

2701 GATEWAY DR
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2701 GATEWAY DR
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-1146420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, ROY
2701 GATEWAY DRIVE
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: SHURGIN, DAVID
Address: 2701 GATEWAY DR
City-St-Zip: POMPANO BEACH, FL 33069

Title: P
Name: HELLMAN, MAYNARD J
Address: 2701 GATEWAY DRIVE
City-St-Zip: POMPANO BEACH, FL 33069 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAYNARD HELLMAN

P

04/19/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date