

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000085090

**FILED**  
**Apr 19, 2011**  
**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

**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: DAVID SHURGIN

D

04/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date