


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000013008</b>	
1. Entity Name FLORIDA SEXUAL ABUSE TREATMENT PROGRAM, INC.	

Principal Place of Business 7241 SW 63RD AVE 203-C MIAMI, FL 33143 US	Mailing Address 7241 SW 63 AVE 203-C MIAMI, FL 33143 US
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**DO NOT WRITE IN THIS SPACE**



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0470476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SAMEK, WILLIAM R  
7241 SW 63RD AVE  
SUITE 203-C  
MIAMI, FL 33143

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMEK, WILLIAM R 7241 SW 63RD AVE MIAMI, FL 33143
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07/07/05-80009-007 150.00

**DO NOT WRITE  
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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)(f), 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:** William R Samek 7/1/05 305-552-5000

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