SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 11 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000015775 (7)**

1. Corporation Name
SUBSTANCE ABUSE MANAGEMENT, INCORPORATED

Principal Place of Business	Mailing Address
621 N.W. 53RD ST. SUITE 210 BOCA RATON FL 33487	621 N.W. 53RD ST. SUITE 210 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 3425 S. OCEAN BLVD
Suite, Apt. #, etc. 22: #201
City & State 23: HIGHLAND BEACH FL
Zip 24: 33487 Country 25: PALM BEACH

2a. Mailing Address
26: P.O. BOX 27158
Suite, Apt. #, etc. 27:
City & State 28: BOCA RATON, FL
Zip 29: 33427 Country 30: PALM BEACH

4. FEI Number: 59-1287191 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RICE, DAVID L
621 N.W. 53RD ST.
SUITE 210
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

61 Name: DAVID L. RICE
62 Street Address (P.O. Box Number is Not Acceptable): 1450 CAMINO FLORIDO
63:
64 City: BOCA RATON FL 65 Zip Code: 33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	PRESIDENT/ TREASURER ☐ Change ☐ Addition
NAME		1.2 NAME	HENRY M. GOLDBERG, M.D
STREET ADDRESS		1.3 STREET ADDRESS	3425 S. OCEAN BLVD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE		2.1 TITLE	VICE-PRESIDENT ☐ Change ☐ Addition
NAME		2.2 NAME	MARY K. TAPPA
STREET ADDRESS		2.3 STREET ADDRESS	330 E. KILBOURN - STE 1075
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE		3.1 TITLE	SECRETARY ☐ Change ☐ Addition
NAME		3.2 NAME	WILLIAM BROTEN
STREET ADDRESS		3.3 STREET ADDRESS	330 E. KILBOURN STE 1075
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/5/95 (407) 477-9966
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID RICE

0001088 CP