

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000015775 (7)

1. Corporation Name

SUBSTANCE ABUSE MANAGEMENT, INCORPORATED



Principal Place of Business

Mailing Address

3425 S OCEAN BLVD
STE 201
HIGHLAND BEACH FL 33487
US

P OBOX 276158
SUITE 210
BOCA RATON FL 33427
US

3. Date Incorporated or Qualified

02/28/1994

3a. Date of Last Report

07/11/1995

2. Principal Place of Business

2a. Mailing Address

21 4800 N. Federal Hwy.
Suite, Apt. #, etc.

26 4800 N. Federal Hwy
Suite, Apt. #, etc.

4. FEI Number

39 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

23 BOCA RATON, FL
City & State

28 BOCA RATON, FL
City & State

24 33431 25 USA
Zip Country

29 33431 30 USA
Zip Country

9. Name and Address of Current Registered Agent

~~RICE, DAVID L~~
7450 CAMPO FLORIDO
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name DR. HENRY GOLDBERG

82 Street Address (P.O. Box Number is Not Acceptable)
3425 S. OCEAN BLVD.

83

84 City HIGHLAND BEACH FL 85 Zip Code 33487

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

[Signature]

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/1/96

12. OFFICERS AND DIRECTORS

TITLE PT
NAME GOLDBERG, HENRY M MD
STREET ADDRESS 3425 S OCEAN BLVD
CITY-ST-ZIP HIGHLAND BEACH FL

☐ DELETE

TITLE VP
NAME TAPPA, MARY K
STREET ADDRESS 330 E KILBOURN STE 1075
CITY-ST-ZIP MILWAUKEE WI

☐ DELETE

TITLE S
NAME BROTEN, WILLIAM
STREET ADDRESS 330 E KILBOURN STE 1075
CITY-ST-ZIP MILWAUKEE WI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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)(k), 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 617, Florida Statutes, and
that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96

44-222-7204

Date

Daytime Phone #

CR2E034 (3/96)