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Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000015775 (7)**

1. Corporation Name

SUBSTANCE ABUSE MANAGEMENT, INC.

Principal Place of Business

**4800 N FEDERAL HWY
STE 201
BOCA RATON FL 33431
US**

Mailing Address

**4800 N FEDERAL HWY
SUITE 210
BOCA RATON FL 33431
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4800 N. Federal Hwy.

2a. Mailing Address

26 4800 N. Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 205-B

27 Suite 205-B

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

Zip

Country

Zip

Country

24 33431

25 USA

29 33431

30 USA

9. Name and Address of Current Registered Agent

**GOLDBERG, HENRY DR
4800 N. FEDERAL HIGHWAY
SUITE 205-B
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE

NAME **GOLDBERG, HENRY M MD**
STREET ADDRESS **3425 S OCEAN BLVD**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **VP** ☐ DELETE

NAME **TAPPA, MARY K**
STREET ADDRESS **330 E KILBOURN STE 1075**
CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE **S** ☒ DELETE

NAME **BROTEN, WILLIAM**
STREET ADDRESS **330 E KILBOURN, SUITE 1075**
CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☒ Addition

1.2 NAME **Broten, William**
1.3 STREET ADDRESS **330 E. Kilbourn, Suite 1075**
1.4 CITY-ST-ZIP **Milwaukee, WI 53202**

2.1 TITLE **S** ☐ Change ☒ Addition

2.2 NAME **Mary E. Lofy**
2.3 STREET ADDRESS **330 E. Kilbourn, Suite 1075**
2.4 CITY-ST-ZIP **Milwaukee, WI 53202**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

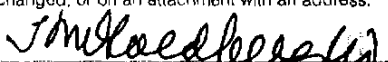
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Henry M. Goldberg, M.D.

2/18/98 561-367-1607

CR2E034 (10/97)