

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015775

1. Entity Name
SUBSTANCE ABUSE MANAGEMENT, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90005 003 ***558.75

Principal Place of Business
4800 N FEDERAL HWY
SUITE 205-B
BOCA RATON FL 33431
US

Mailing Address
4800 N FEDERAL HWY
SUITE 205B
BOCA RATON FL 33431
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 39-1287191

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00.
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PT
NAME Goldberg, Henry M. M.D.
STREET ADDRESS 2358 S. Ocean Blvd.
CITY-ST-ZIP Highland Beach, FL 33487 ☒ Change ☐ Addition

TITLE VP
NAME TAPPA, MARY K
STREET ADDRESS 500 N 19TH STREET
CITY-ST-ZIP MILWAUKEE WI 53233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME BROTEN, WILLIAM
STREET ADDRESS 500 N 19TH STREET
CITY-ST-ZIP MILWAUKEE WI ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME LOFFY, MARY E.
STREET ADDRESS 4800 N FEDERAL HWY
CITY-ST-ZIP MILWAUKEE WI ☐ Delete

TITLE S
NAME Lofy, Mary E.
STREET ADDRESS 4800 N. Federal Hwy, Ste. 205-B
CITY-ST-ZIP Boca Raton, FL 33431 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary E. Lofy* REMARY E. LOFFY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-00

Date

561-367-1607

Daytime Phone #

CR2E034 (5/00)