

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015775

1. Entity Name

SUBSTANCE ABUSE MANAGEMENT, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90098 017 ***158.75

81

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
NAME GOLDBERG, HENRY M MD
STREET ADDRESS 2358 S OCEAN BLVD
CITY-ST-ZIP HIGHLAND BEACH FL 33487

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

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

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

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

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

TITLE S ☐ Delete
NAME LOFFY, MARY E.
STREET ADDRESS 4800 N FEDERAL HWY, STE 205-B
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Michael H. Hester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2001

Date

561-367-1607

Daytime Phone #

CR2E034 (10/00)