

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008756

**Entity Name:** AMERICAN COLLEGE OF NEUROPSYCHOANALYSIS, INC.

**Current Principal Place of Business:**

150 SE 2ND AVENUE, SUITE 1110  
MIAMI, FL 33131

**Current Mailing Address:**

MOUNT ZION  
14166  
JERUSALEM, ISRAEL 911141 IL

**FEI Number:** 27-0928139

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

R&P ACCOUNTING & TAXES, INC.  
150 SE 2ND AVENUE SUITE 1110  
MIAMI, FL 33131 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name COHEN, ZIGMUND Z DR.  
Address MOUNT ZION  
14166  
City-State-Zip: JERUSALEM 911141

Title VP  
Name CONCEICAO, SUELLEN DR.  
Address MOUNT ZION  
14166  
City-State-Zip: JERUSALEM ISRAEL 911141

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DR. ZIGMUND ZIEGLER COHEN

**PRESIDENT**

**01/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date