

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14241

**Entity Name:** MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.

**FILED**  
**Mar 04, 2022**  
**Secretary of State**  
**9134281966CC**

**Current Principal Place of Business:**

3141 STEVENS CREEK BLVD #40563  
SAN JOSE, CA 95117

**Current Mailing Address:**

3 FRANCIS ST  
BELMONT, MA 02478-2218 US

**FEI Number: 59-2751953**

**Certificate of Status Desired: Yes**

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

INCORPORATING SERVICES, LTD.  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301 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: MELISSA A. MOREAU, ASSISTANT SECRETARY**

**03/04/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            DOBLIN, RICHARD  
Address        3 FRANCIS ST.  
City-State-Zip: BELMONT MA 02478-2218

Title            DIRECTOR  
Name            PRITZKER, JOBY  
Address        3141 STEVENS CREEK BLVD #40563  
City-State-Zip: SAN JOSE CA 95117

Title            DIRECTOR  
Name            BRONNER, DAVID  
Address        3141 STEVENS CREEK BLVD #40563  
City-State-Zip: SAN JOSE CA 95117

Title            SECRETARY, DIRECTOR  
Name            GILMORE, JOHN  
Address        3141 STEVENS CREEK BLVD #40563  
City-State-Zip: SAN JOSE CA 95117

Title            CHAIRMAN, DIRECTOR  
Name            HALE, VICTORIA  
Address        3141 STEVENS CREEK BLVD #40563  
City-State-Zip: SAN JOSE CA 95117

Title            CHAIRMAN, TREASURER, DIRECTOR  
Name            DULAI, VICKY  
Address        3141 STEVENS CREEK BLVD #40563  
City-State-Zip: SAN JOSE CA 95117

Title            FINANCIAL CONTROLLER  
Name            MURPHY, JAMI  
Address        3141 STEVENS CREEK BLVD #40563  
City-State-Zip: SAN JOSE CA 95117

*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: JAMI MURPHY**

**FINANCIAL CONTROLLER 03/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date