FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:06

DOCUMENT # 710202 (3)

1. Corporation Name
FLORIDA PSYCHOANALYTIC SOCIETY, INC.

Principal Place of Business	Mailing Address
1900 S.W. 22ND STREET #203 MIAMI FL 33145-9861	1900 S.W. 22ND STREET #203 MIAMI FL 33145-9861

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1966
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-6215571 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

TANEN, JEFFREY L.
ONE BISCAYNE TOWER
MIAMI FL

10. Name and Address of New Registered Agent

81 Name: CARMEN CLAVIJO-GARCIA, C.P.A
82 Street Address (P.O. Box Number is Not Acceptable)
83: 4466 ALTON ROAD
84 City: MIAMI BEACH FL 85 Zip Code: 33140

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: Carmen Clavijo-Garcia, CPA — 3-7-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P *President-Elect	11 TITLE	PD	☒ Change ☐ Addition
NAME	COHN, LAWRENCE S., MD	12 NAME	Juan E. Rodriguez, M.D.	
STREET ADDRESS	8740 N KENDALL DR #108	13 STREET ADDRESS	1900 Coral Way, Ste. 303	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, Florida 33145	
TITLE	SD	21 TITLE	SD	☒ Change ☐ Addition
NAME	CASARIEGO, JORGE M	22 NAME	Jon A. Shaw, M.D.	
STREET ADDRESS	1900 CORAL WAY #202	23 STREET ADDRESS	617 E. Dilido Drive	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	KOITA, SAIDA M	32 NAME		
STREET ADDRESS	420 S. DIXIE HWY., STE. 4H	33 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP		
TITLE	P	41 TITLE		☒ Change ☐ Addition
NAME	KATZ, EVAN M.D.	42 NAME	Delete Katz	
STREET ADDRESS	6262 SUNSET DR, #310	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Saida Koita M.D. — 3/11/95 — 666-5552
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

000B124