2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 710202

1. Entity Name
FLORIDA PSYCHOANALYTIC SOCIETY, INC.

Principal Place of Business	Mailing Address
420 SOUTH DIXIE HWY 2F CORAL GABLES, FL 33146 US	420 SOUTH DIXIE HWY 2F CORAL GABLES, FL 33146 US

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04172004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-6215571
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIEVANO, JORGE E MD
7600 SW 57 AVE
#225
MIAMI, FL 33146

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 ✓
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000127423
04/23/04-80074-003 70.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LIEVANO, JORGE E MD
STREET ADDRESS	7600 SW 57 AVE #225
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	DT
NAME	CASUSO, ENRIQUE MD
STREET ADDRESS	351 NW LEJEUNE RD 404
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	DS
NAME	BANTA, HELEN PHD
STREET ADDRESS	805 E HILLSBORA BLVD SUITE 102
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	DPE
NAME	CASARIEGO, JORGE I MD
STREET ADDRESS	8600 SW 92 ST, 203
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jorge Enrique Lievano . MD . April 19 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #