2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006
Secretary of State

DOCUMENT# 710202

Entity Name: FLORIDA PSYCHOANALYTIC SOCIETY, INC.

Current Principal Place of Business:

420 SOUTH DIXIE HWY
2F
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

420 SOUTH DIXIE HWY
2F
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 59-6215571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASARIEGO, JORGE MD
8600 SW 92BND ST SUITE 203
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

CASARIEGO, JORGE I MD
8600 SW 92ND STREET, SUITE 203
MIAMI, FL 33156 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: JORGE CASARIEGO, M.D. 02/17/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CASARIEGO, JORGE MD
Address: 8600 SW 92 ST SUITE 203
City-St-Zip: MIAMI, FL 33156

Title: DT ( ) Delete
Name: HELMAN, ELLEN MSW
Address: 5201 LA GORCE DR
City-St-Zip: MIAMI BEACH, FL 33140

Title: DS ( ) Delete
Name: LEVINE, FREDERIC PHD
Address: 7600 RED ROAD SUITE 108
City-St-Zip: MIAMI, FL 33143

Title: DPE ( ) Delete
Name: CASARIEGO, JORGE I MD
Address: 8600 SW 92 ST, 203
City-St-Zip: MIAMI, FL 33156

Title: DPE ( ) Delete
Name: KOITA, SAIDA MD
Address: 420 SOUTH DIXIE HWY SUITE 411
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CASARIEGO, JORGE I MD
Address: 8600 SW 92ND ST REET, SUITE 203
City-St-Zip: MIAMI, FL 33156

Title: DT (X) Change ( ) Addition
Name: HELMAN, ELLEN O MSW
Address: 5201 LA GORCE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: DS (X) Change ( ) Addition
Name: LEVINE, FREDERIC PHD
Address: 2630 SW 28TH STREET, SUITE 63
City-St-Zip: COCONUT GROVE, FL 33133

Title: DPE (X) Change ( ) Addition
Name: CASARIEGO, JORGE I MD
Address: 8600 SW 92ND STREET, SUITE 203
City-St-Zip: MIAMI, FL 33156

Title: DPE (X) Change ( ) Addition
Name: KOITA, SAIDA Y MD
Address: 420 SOUTH DIXIE HWY, SUITE 4H
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JORGE CASARIEGO, M.D. PRES 02/17/2006
Electronic Signature of Signing Officer or Director Date