

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710202

FILED
Jan 19, 2008
Secretary of State

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:

KOITA, SAIDA Y MD
6956 SUNRISE TERRACE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KOITA, SAIDA Y MD
Address: 6956 SUNRISE TERRACE
City-St-Zip: CORAL GABLES, FL 33146

Title: DT () Delete
Name: GEADA, JUAN R MD
Address: 9480 SW 77TH AVENUE
City-St-Zip: MIAMI, FL 33156

Title: DS () Delete
Name: PRENDIVILLE, CATHERINE MSW
Address: 910 MICHIGAN AVENUE, # 202
City-St-Zip: MIAMI BEACH, FL 33139

Title: DE () Delete
Name: KOITA, SAIDA Y MD
Address: 6956 SUNRISE TERRACE
City-St-Zip: CORAL GABLES, FL 33146

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SAIDA KOITA, M.D.

DR

01/19/2008

Electronic Signature of Signing Officer or Director

Date