2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
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:

HELMAN, ELLEN O MSW
5201 LA GORCE DRIVE
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

EISENBERG, GAIL M.D.
3990 SHERIDAN STREET
204
HOLLYWOOD, FL 33021 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: GAIL EISENBERG, M.D. 04/29/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DVP
Name: HELMAN, ELLEN O MSW
Address: 5201 LA GORCE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

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

Title: DS
Name: HARKLESS, LYNNE PH.D.
Address: 1508 SAN IGNACIO AVENUE, SUITE # 200
City-St-Zip: CORAL GABLES, FL 33146

Title: DP
Name: EISENBERG, GAIL MD
Address: 3990 SHERIDAN STREET, SUITE # 204
City-St-Zip: HOLLYWOOD, FL 33021

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: GAIL EISENBERG, M.D. DP 04/29/2010
Electronic Signature of Signing Officer or Director Date