FILED Mar 19, 2003 8:00 am § Secretary of State

2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 710202

FLORIDA PSYCHOANALYTIC SOCIETY, INC.						03-19-2003 90127 002 ****61.25			
420 SOUTH DIXIE HWY 2F CORAL GABLES FL 33146			Mailing Address 420 SOUTH DIXIE HWY 2F CORAL GABLES FL 33146						
			US 3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59-6215571 Applied For			
Zip Country		Zip	Country		5. Certificate of Status Desired		\$8.75 Ad	Not Applicable \$8.75 Additional	
6. Name and Address of Current R			enistered Agent	tered Agent		Fee Required 7. Name and Address of New Registered Agent			
		and Addition of Carrent 11	cgistered Agent	Name		7. Name and Addr	ess of New Hegist	ered Agent	
LIEVANO, JORGE E MD 7600 SW 57 AVE					Street Address (P.O. Box Number is Not Acceptable)				
#225 Miami Fi		City				FL Zip Coc	le		
8. The above the obligation of the obligation of the state of the stat	ulons of registe	Jugalia	riquelievas	/ .~	registere	d agent, or both, in th	ne State of Florida.		and accept
	Signature, typed o	r printed hame of egistered agent and	Title if applicable. (NO	TE: Registered Agent signatur	e required v	when reinstating)	, , ,	DATE	
P	FILE NOW:	FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.		OFFICERS AND DIRE	CTORS	11.		DDITIONS/CHANGES	TO OFFICERS AN	ID DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ORGE E MD 7 AVE #225 3143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Casuso, e 351 NW LE	NRIQUE MD JEUNE RD 404 3126	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BANTA, HEI 805 E HILLS		☐ Delete	: TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPE), JORGE I MD 2 ST, 203	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		`	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		y•	· .	☐ Change	Addition
TITLE NAME STREET ADDRESS		, ((()	☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition

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.

CITY-ST-ZIP

SIGNATURE: