2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2011
Secretary of State

DOCUMENT# 760379

Entity Name: THE FLORIDA SOCIETY OF CLINICAL HYPNOSIS, INC.

Current Principal Place of Business:

8227 SW 82 PLACE
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

8227 SW 82 PLACE
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 59-1900895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDNER, DIANE
8227 SW 82 PLACE
MIAMI, FL 33143 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: PD
Name: COLE, BRANDLY PH.D.
Address: 5200 NE 2 AVE.
City-St-Zip: MIAMI, FL 32807

Title: VP
Name: BECKER, SUSAN PH.D.
Address: 1514 SAN IGNACIO AVE., #100
City-St-Zip: CORAL GABLES, FL 33146

Title: TD
Name: SCHAAFF, CHIP LCSW
Address: 950 S. TAMIAMI TRAIL, #202
City-St-Zip: SARASOTA, FL 34236

Title: SD
Name: SHENEFELT, PHILIP MD
Address: 12901 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33612

Title: PPD
Name: MALONE, CHERYL LMHC
Address: 1417 N. SEMORAN BLVD., #216
City-St-Zip: ORLANDO, FL 32807

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: DIANE LINDNER, LCSW ED 03/14/2011

Electronic Signature of Signing Officer or Director Date