

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11542

FILED
Apr 26, 2005
Secretary of State

Entity Name: SOUTH FLORIDA PSYCHIATRIC SOCIETY FOUNDATION, INC.

Current Principal Place of Business:

521 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

521 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-6200176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, MARGO S
521 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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 () Delete
Name: SAVARIEGO, BERNARDO MD
Address: 1320 SOUTH DIXIE HIGHWAY, SUITE 911
City-St-Zip: MIAMI, FL 33176

Title: VP () Delete
Name: CORA-LOCATELLI, GABRIELA M.D.
Address: 9999 NE 2ND AVENUE, SUITE 213
City-St-Zip: MIAMI SHORES, FL 33138

Title: S () Delete
Name: ROTHE, EUGENIO M.D.
Address: 275 GLENRIDGE ROAD
City-St-Zip: KEY BISCAWAYNE, FL 33149

Title: TD () Delete
Name: KOITA, SAIDA M.D.
Address: 420 SOUTH DIXIE HIGHWAY, SUITE 4H
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: RODRIGUEZ, JUAN M.D.
Address: 9480 SW 77TH AVENUE, STE 103
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARGO S ADAMS

ED

04/26/2005

Electronic Signature of Signing Officer or Director

Date