

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11542

FILED  
Apr 21, 2008  
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 (X) 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: PD (X) Change ( ) Addition  
Name: ESPINOSA, JUAN MD  
Address: 20820 WEST DIXIE HIGHWAY, SUITE 1147  
City-St-Zip: MIAMI, FL 33180

Title: TS (X) Change ( ) Addition  
Name: CASTELLANOS, DANIEL M.D.  
Address: 2121 PONCE DE LEON BLVD, SUITE 1000  
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change ( ) Addition  
Name: RODRIGUEZ, JUAN MD  
Address: 9480 SW 77TH AVE, SUITE 103  
City-St-Zip: MIAMI, FL 33156

Title: D (X) Change ( ) Addition  
Name: CAMPO, ANA MD  
Address: 4330 SURREY DRIVE  
City-St-Zip: COCONUT GROVE, FL 33133

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: MARGO S ADAMS

RA

04/21/2008

Electronic Signature of Signing Officer or Director

Date