

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11542

FILED
Feb 04, 2009
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 (X)**

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: ESPINOSA, JUAN MD
Address: 20820 WEST DIXIE HIGHWAY, SUITE 1147
City-St-Zip: MIAMI, FL 33180

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

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

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

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:

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

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date