

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19890

FILED
Apr 22, 2007
Secretary of State

Entity Name: FLORIDA PSYCHOANALYTIC FOUNDATION, INC.

Current Principal Place of Business:

420 SOUTH DIXIE HWY
2F
CORAL GABLES, FL 33146 US

Current Mailing Address:

420 SOUTH DIXIE HWY
2F
CORAL GABLES, FL 33146 US

New Principal Place of Business:

420 SOUTH DIXIE HWY.,
SUITE 2F
CORAL GABLES, FL 33146 US

New Mailing Address:

420 SOUTH DIXIE HWY.,
SUITE 2F
CORAL GABLES, FL 33146 US

FEI Number: 59-2790819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPEER, SHEPPARD P
420 SOUTH DIXIE HWY
2F
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

SPEER, SHEPPARD P M.S.W.
420 SOUTH DIXIE HWY.,
SUITE 2F
CORAL GABLES, FL 33146 US

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: SHEPPARD SPEER, M.S.W.

04/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MRS. () Delete
Name: SPEER, SHEPPARD P MS.
Address: 5091 SE BURNING TREE CIR.
City-St-Zip: STUART, FL 34997

Title: DR. () Delete
Name: HUTSON, PEGGY
Address: 3170 MUNROE DR.
City-St-Zip: COCONUT GROVE, FL 33133

Title: DR. () Delete
Name: CASARIEGO, JORGE I DR.
Address: 8600 SW92ND ST. #203
City-St-Zip: MIAMI, FL 33156

Title: DR. () Delete
Name: O'HARA, MICHAEL
Address: 658W.INDIANTOWN RD. #206
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SPEER, SHEPPARD P M.S.W.
Address: 5091 SE BURNING TREE CIRCLE
City-St-Zip: STUART, FL 34997

Title: VP (X) Change () Addition
Name: EISENBERG, GAIL M.D.
Address: 3990 SHERIDAN STREET, SUITE 204
City-St-Zip: HOLLYWOOD, FL 33021

Title: S (X) Change () Addition
Name: IOANNIDES, SONIA M.D.
Address: 805 EAST HILLSBORO BLVD., SUITE 102
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: T (X) Change () Addition
Name: O'HARA, MICHAEL M.D.
Address: 658 WEST INDIANTOWN ROAD, SUITE 206
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the 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: SHEPPARD SPEER, M.S.W.

D

04/22/2007

Electronic Signature of Signing Officer or Director

Date