

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19890

FILED
Apr 27, 2012
Secretary of State

Entity Name: FLORIDA PSYCHOANALYTIC FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2790819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORKIN, STEVE PH.D.
4721 UNIVERSITY DRIVE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

KOITA, SAIDA M.D.
420 S. DIXIE HIGHWAY
SUITE 2F
CORAL GABLES, FL 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: SAIDA KOITA, M.D.

04/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: KOITA, SAIDA M.D.
Address: 420 S. DIXIE HIGHWAY, SUITE 2F
City-St-Zip: CORAL GABLES, FL 33146

Title: DP
Name: PASTERNAK, STEFAN M.D.
Address: 950 PENINSULA CORPORATE CIRCLE, SUITE 2004
City-St-Zip: BOCA RATON, FL 33487

Title: DVP
Name: HUTSON, PEGGY M.D.
Address: 3170 MUNROE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: DT
Name: SPEER, SHEPPARD M.S.W.
Address: 5091 SE BURNING TREE CIRCLE
City-St-Zip: STUART, FL 34997

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: SAIDA KOITA, M.D.

DP

04/27/2012

Electronic Signature of Signing Officer or Director

Date