

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26841

1. Entity Name

FLORIDA PSYCHOANALYTIC INSTITUTE, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90045 036 ****61.25

Principal Place of Business

Mailing Address

6701 SUNSET DRIVE
SUITE 212A
SOUTH MIAMI FL 33143
US

6701-SUNSET DRIVE
SUITE 212A
SOUTH MIAMI FL 33143-4529
US

2. Principal Place of Business

3. Mailing Address

420 S. DIXIE HIGHWAY
Suite, Apt. #, etc.
#2-F

420 S. DIXIE HIGHWAY
Suite, Apt. #, etc.
#2-F

City & State

City & State

CORAL GABLES, FL

CORAL GABLES, FL

Zip
33146

Country
USA

Zip
33146

Country
USA

4. FEI Number

65-0141716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA-CLAVIJO, CARMEN
4466 ALTON ROAD
SUITE T-19
MIAMI BEACH FL 33140

Name

DONNA AHO

Street Address (P.O. Box Number is Not Acceptable)

420 S. DIXIE HIGHWAY, #2-F

City

CORAL GABLES

FL

Zip Code
33146

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SANN, O. TOWNSEND SPELLING ERROR
STREET ADDRESS 4550 SW 74TH ST
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Change ☐ Addition
NAME DANN, O. TOWNSEND
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RODRIGUEZ, JUAN M
STREET ADDRESS 6701 SUNSET DRIVE #212
CITY-ST-ZIP SOUTH MIAMI FL

TITLE ☒ Change ☐ Addition
NAME MARGOSHES, GAIL
STREET ADDRESS 3305 S.W. 17 AVENUE
CITY-ST-ZIP MIAMI, FL 33133-2536

TITLE D ☐ Delete
NAME SHAW, JON
STREET ADDRESS 1611 NW 12TH AVE, #218-B
CITY-ST-ZIP MIAMI FL 33136

TITLE ☒ Change ☐ Addition
NAME STANLEY NEEDELL, MD
STREET ADDRESS 2699 BAYSHORE DRIVE, #600B
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONNA AHO
Date 4/13/2000
Daytime Phone # 305-465-5677

CR2E037 (9/99)