

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26841

FILED
Apr 20, 2008
Secretary of State

Entity Name: FLORIDA PSYCHOANALYTIC INSTITUTE, INC.

Current Principal Place of Business:

420 S. DIXIE HIGHWAY
SUITE 2F
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

420 S. DIXIE HIGHWAY
SUITE 2F
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 65-0141716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTSON, PEGGY B M.D.
FLORIDA PSYCHOANALYTIC INSTITUTE
420 S. DIXIE HIGHWAY, SUITE 2F
CORAL GABLES, FL 33146 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: D () Delete
Name: HUTSON, PEGGY B M.D.
Address: 3170 MUNROE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: S () Delete
Name: SHAW, JON A M.D.
Address: (UM) 1695 NW 9TH AVENUE, SUITE 1404 G
City-St-Zip: MIAMI, FL 33136

Title: T () Delete
Name: KOITA, SAIDA Y M.D.
Address: 420 S. DIXIE HIGHWAY, SUITE 4H
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: LEVINE, FREDERIC J PH.D.
Address: 2630 SW 28TH STREET, SUITE 63
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: DANN, O. TOWNSEND M.D.
Address: 4550 SW 74TH STREET
City-St-Zip: MIAMI, FL 33143

Title: D (X) Delete
Name: MARGOSHES, GAIL PSY.D.
Address: 3305 SW 17TH AVENUE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHAW, JON A M.D.
Address: (UM) 1695 NW 9TH AVENUE, SUITE 1404 G
City-St-Zip: MIAMI, FL 33136

Title: S (X) Change () Addition
Name: GEADA, JUAN RENE M.D.
Address: 9480 SW 77TH AVENUE
City-St-Zip: MIAMI, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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: PEGGY B.HUTSON, M.D.

D

04/20/2008

Electronic Signature of Signing Officer or Director

Date