2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N26841

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:	D	( ) Delete
Name:	SHAW, JON A M.D.	
Address:	(UM) 1695 NW 9TH AVENUE, SUITE 1404 G	
City-St-Zip:	MIAMI, FL 33136	
Title:	S	( ) Delete
Name:	GEADA, JUAN RENE M.D.	
Address:	9480 SW 77TH AVENUE	
City-St-Zip:	MIAMI, FL 33156	
Title:	D	( ) Delete
Name:	LEVINE, FREDERIC J PH.D.	
Address:	2630 SW 28TH STREET, SUITE 63	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	T	( ) Delete
Name:	EISENBERG, GAIL M.D.	
Address:	3990 SHERIDAN STREET, SUITE 204	
City-St-Zip:	HOLLYWOOD, FL 33021	

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:	
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 HUTSON, M.D. D 05/01/2009

Electronic Signature of Signing Officer or Director — Date