2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2010
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 ( )**

Name and Address of Current Registered Agent:

HELMAN, ELLEN MSW
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
Name: HELMAN, ELLEN MSW
Address: 5201 LAGORCE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: S
Name: CALDERON, JULIO M.D.
Address: 9145 SW 87TH AVENUE
City-St-Zip: MIAMI, FL 33194

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

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: ELLEN HELMAN D 01/08/2010

Electronic Signature of Signing Officer or Director Date