

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26841

**FILED**  
**Feb 09, 2012**  
**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:**

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

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date