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Secretary of State

01-29-1999 90045 020 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005437

1. Corporation Name

SOUTHEAST FLORIDA INSTITUTE FOR PSYCHOANALYSIS AND PSYCHOTHERAPY CORP.

Principal Place of Business

370 W CAMINO GARDENS BLVD  
SUITE 106  
BOCA RATON FL 33432

Mailing Address

370 W CAMINO GARDENS BLVD  
SUITE 106  
BOCA RATON FL 33432



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/24/1993

4. FEI Number

65-0460322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

VIRSIDA, ANTONIO R  
370 W CAMINO GARDENS BLVD  
SUITE 106  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D  
NAME VIRSIDA, ANTONIO R  
STREET ADDRESS 370 W CAMINO GARDENS BLVD SUITE 106  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ DELETE

NAME KAUFMAN, EMILY  
STREET ADDRESS 2450 HOLLYWOOD BLVD #606  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D ☐ DELETE

NAME CORRIE, CHRIS  
STREET ADDRESS 7325 S.W. 63RD AVENUE, SUITE 102  
CITY-ST-ZIP S. MIAMI FL 33143

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Emily Kaufman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMILY KAUFMAN 1/13/99 (561) 338-9476

Daytime Phone #

CR2E037 (11/98)