2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004
Secretary of State

DOCUMENT# N93000005437

Entity Name: SOUTHEAST FLORIDA INSTITUTE FOR PSYCHOANALYSIS AND PSYCHOTHERAPY CORP.

Current Principal Place of Business:

2450 HOLLYWOOD BLVD
SUITE 606
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

2450 HOLLYWOOD BLVD
SUITE 606
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 65-0460322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRESTOW, EMILY
2450 HOLLYWOOD BLVD
SUITE 606
HOLLYWOOD, FL 33020 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: KRESTOW, EMILY
Address: 2450 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: D ( ) Delete
Name: STORCH, ROBERT
Address: 5248 BOCA MARINA CIRCLE
City-St-Zip: BOCA RATON, FL 33020

Title: D ( ) Delete
Name: ALPERIN, MICKI
Address: 2295 NW CORPORATE BLVD, SUITE 231
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: SLUTZKY, JACOB
Address: 7261 ANGEL FALLS COURT
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EMILY KRESTOW DR. 03/31/2004

Electronic Signature of Signing Officer or Director — Date