


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000005437</b>	
1. Entity Name <b>SOUTHEAST FLORIDA INSTITUTE FOR PSYCHOANALYSIS AND PSYCHOTHERAPY CORP.</b>	

Principal Place of Business <b>2450 HOLLYWOOD BLVD SUITE 606 HOLLYWOOD, FL 33020 US</b>	Mailing Address <b>2450 HOLLYWOOD BLVD SUITE 606 HOLLYWOOD, FL 33020 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0460322</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KRESTOW, EMILY  
2450 HOLLYWOOD BLVD  
SUITE 606  
HOLLYWOOD, FL 33020**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRESTOW, EMILY 2450 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STORCH, ROBERT 5248 BOCA MARINA CIRCLE BOCA RATON, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLUTZKY, JACOB 7261 ANGEL FALLS COURT BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000229206  
02/14/05-80068-021 61.25

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Emily Krestow **EMILY KRESTOW** 1/29/05 **954.929.4199**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #