

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90035 019 ****61.25

DOCUMENT # N93000005437

1. Entity Name
**SOUTHEAST FLORIDA INSTITUTE FOR
PSYCHOANALYSIS AND PSYCHOTHERAPY CORP.**



Principal Place of Business
**2450 HOLLYWOOD BLVD
SUITE 606
HOLLYWOOD, FL 33020 US**

Mailing Address
**2450 HOLLYWOOD BLVD
SUITE 606
HOLLYWOOD, FL 33020 US**

50005358



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

406

Suite, Apt. #, etc.

406

City & State

City & State

03172006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0460322

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

SUITE 406

City

FL

Zip Code

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

Emily Krestow

EMILY KRESTOW, PRES.

3/22/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KRESTOW, EMILY
2450 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STORCH, ROBERT
5248 BOCA MARINA CIRCLE
BOCA RATON, FL 33020** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SLUTZKY, JACOB
7261 ANGEL FALLS COURT
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/17/06 954.929.4199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #