2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005437

FILED Mar 18, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2450 HOLLYWOOD BLVD 2500 HOLLYWOOD BLVD SUITE 406 SUITE 204 HOLLYWOOD, FL 33020 US HOLLYWOOD, FL 33020 US **Current Mailing Address:** New Mailing Address: 2450 HOLLYWOOD BLVD 2500 HOLLYWOOD BLVD SUITE 406 SUITE 204 HOLLYWOOD, FL 33020 US HOLLYWOOD, FL 33020 US FEI Number: 65-0460322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: KRESTOW, EMILY KRESTOW, EMILY 2450 HOLLYWOOD BLVD 2500 HOLLYWOOD BLVD SUITE 406 SUITE 204 HOLLYWOOD, FL 33020 US HOLLYWOOD, FL 33020 US 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: 03/18/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete KRESTOW, EMILY KRESTOW, EMILY Name: Name: Address: 2450 HOLLYWOOD BLVD Address: 2500 HOLLYWOOD BLVD, #204 City-St-Zip: HOLLYWOOD, FL 33020 US City-St-Zip: HOLLYWOOD, FL 33020 US Title: () Delete Title: () Change () Addition VIRSIDA, ANTONIO Name: Name: Address: 370 W. CAMINO GARDENS DRIVE, #106 Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: () Delete Title: () Change () Addition SLUTZKY, JACOB Name: Name: 7261 ANGEL FALLS COURT Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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. 03/18/2008