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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000006122 (5)**

1. Corporation Name
THE FOUNDATION FOR PSYCHOANALYSIS, INC.

Principal Place of Business	Mailing Address
315 S. HYDE PARK AVE. TAMPA FL 33606	315 S. HYDE PARK AVE. TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1994
3a. Date of Last Report:
4. FEI Number: 65-0543215 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 508 S. HABANA AVENUE	26 508 S. HABANA AVENUE
Suite, Apt. #, etc. 22 STE. 310	Suite, Apt. #, etc. 27 STE. 310
City & State 23 TAMPA, FL	City & State 28 TAMPA FL
Zip 24 33609 Country 25 USA	Zip 29 33609 Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HINES, JAMES P 315 S. HYDE PARK AVE. TAMPA FL 33606	81 Name: GILSON WEBB, M.D. 82 Street Address (P.O. Box Number is Not Acceptable): 720 WEST BUFFALO AVENUE 83 84 City: TAMPA FL 85 Zip Code: 33614

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] GILSON S WEBB 10 Apr 95
(Signature, Typed or printed name of registered agent, and Title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EDGAR, JAMES R	12 NAME	
STREET ADDRESS	508 S. HABANA, SUITE 310	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	FRANCIS, JOHN J	22 NAME	
STREET ADDRESS	P.O. BOX 176 a/k	23 STREET ADDRESS	
CITY-ST-ZIP	LAUREL FL 34272	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	NAGERA, HUMBERTO	32 NAME	
STREET ADDRESS	3515 E. FLETCHER AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	COLE, RICHARD	42 NAME	
STREET ADDRESS	509 6TH AVE., S.	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: [signature] JAMES R. EDGAR 3-30-95 813-872-6661
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

D01A093