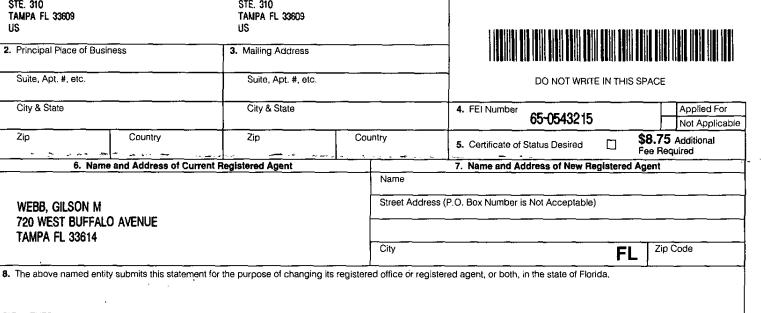
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9400006122 THE FOUNDATION FOR PSYCHOANALYSIS, INC. Principal Place of Business Mailing Address 508 S. HABANA AVENUE 508 S. HABANA AVENUE STE. 310 STE. 310 **TAMPA FL 33609** TAMPA FL 33609 ШS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name

FILED Feb 16, 2001 8:00 am Secretary of State

02-16-2001 90029 029 ****61.25



DATE

	FILE NOW: FEE IS \$61.25	Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees	Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHA	ANGES TO OFFICERS AND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDGAR, JAMES R 508 S. HABANA, SUITE 310 TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZÎP	VD FRANCIS, JOHN J P.O. BOX 176 N/A LAUREL FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	٦,	☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAGERA, HUMBERTO 3515 E. FLETCHER AVE. TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,-	☐ Change	Addition
TITLE * NAME STREET ADDRESS CITY-ST-ZIP	S WEINER, IRVING B 2807 W BUSCH BLVD, #106 TAMPA FL 33618	☐ Đelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REESE, ELIZABETH 10909 MEMORIAL HWY TAMPA FL	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, ROBERT C 4830 KENNEDY BLVD, STE. 980 TAMPA FL	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

(NOTE: Registered Agent signature required when reinstating)

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

WEBB, GILSON M

TAMPA FL 33614

SIGNATURE

720 WEST BUFFALO AVENUE

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