

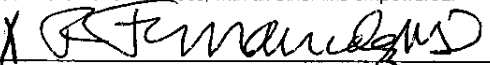


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90036 032 ****61.25

DOCUMENT # N94000006122 1. Entity Name THE FOUNDATION FOR PSYCHOANALYSIS, INC.					
Principal Place of Business 4890 W. KENNEDY BLVD., STE 990 TAMPA FL 33609 US			Mailing Address 4890 W. KENNEDY BLVD., STE 990 STE. 990 990 TAMPA FL 33609 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0543215 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REESE, ELIZABETH 612 W. BAY ST. TAMPA FL 33606				Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D EDGAR, JAMES R <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	508 S. HABANA, SUITE 310		NAME		
STREET ADDRESS	TAMPA FL		STREET ADDRESS		
CITY-ST- ZIP			CITY-ST- ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCIS, JOHN J		NAME		
STREET ADDRESS	P.O. BOX 176 N/A		STREET ADDRESS		
CITY-ST- ZIP	LAUREL FL		CITY-ST- ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REESE, ELIZABETH		NAME		
STREET ADDRESS	612 W. BAY ST.		STREET ADDRESS		
CITY-ST- ZIP	TAMPA FL 33606		CITY-ST- ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, ROBERT C		NAME		
STREET ADDRESS	4890 W. KENNEDY BLVD.		STREET ADDRESS		
CITY-ST- ZIP	TAMPA FL 33609		CITY-ST- ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRVING, WEINER		NAME		
STREET ADDRESS	13716 HALLIFORD DR.		STREET ADDRESS		
CITY-ST- ZIP	TAMPA FL 33624		CITY-ST- ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, ROBERT C		NAME		
STREET ADDRESS	4890 W. KENNEDY BLVD STE 990		STREET ADDRESS		
CITY-ST- ZIP	TAMPA FL 33609		CITY-ST- ZIP		
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: 			3-9-04 (43) 288-1564		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					