

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

**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  
TAMPA, FL 33609 US**

**DO NOT WRITE IN THIS SPACE**



02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0543215**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**REESE, ELIZABETH  
612 W. BAY ST.  
TAMPA, FL 33606**

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

UN00000222622

02/10/05-800009-012 61.25

**10. OFFICERS AND DIRECTORS**

|                |                              |
|----------------|------------------------------|
| TITLE          | D                            |
| NAME           | EDGAR, JAMES R               |
| STREET ADDRESS | 508 S. HABANA, SUITE 310     |
| CITY-ST-ZIP    | TAMPA, FL                    |
| TITLE          | VD                           |
| NAME           | FRANCIS, JOHN J              |
| STREET ADDRESS | P.O. BOX 176 N/A             |
| CITY-ST-ZIP    | LAUREL, FL                   |
| TITLE          | P                            |
| NAME           | REESE, ELIZABETH             |
| STREET ADDRESS | 612 W. BAY ST.               |
| CITY-ST-ZIP    | TAMPA, FL 33606              |
| TITLE          | S                            |
| NAME           | FERNANDEZ, ROBERT C          |
| STREET ADDRESS | 4890 W. KENNEDY BLVD.        |
| CITY-ST-ZIP    | TAMPA, FL 33609              |
| TITLE          | VP                           |
| NAME           | IRVING, WEINER               |
| STREET ADDRESS | 13716 HALLIFORD DR.          |
| CITY-ST-ZIP    | TAMPA, FL 33624              |
| TITLE          | T                            |
| NAME           | FERNANDEZ, ROBERT C          |
| STREET ADDRESS | 4890 W. KENNEDY BLVD STE 990 |
| CITY-ST-ZIP    | TAMPA, FL 33609              |

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05

Date

813-288-1564

Daytime Phone #

ROBERT C. FERNANDEZ, MD