

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006122

FILED
Apr 14, 2006
Secretary of State

Entity Name: THE FOUNDATION FOR PSYCHOANALYSIS, INC.

Current Principal Place of Business:

4890 W. KENNEDY BLVD., STE 990
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

4890 W. KENNEDY BLVD., STE 990
STE 990
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 65-0543215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EDGAR, JAMES R
Address: 508 S. HABANA, SUITE 310
City-St-Zip: TAMPA, FL

Title: VD (X) Delete
Name: FRANCIS, JOHN J
Address: P.O. BOX 176 N/A
City-St-Zip: LAUREL, FL

Title: P () Delete
Name: REESE, ELIZABETH
Address: 612 W. BAY ST.
City-St-Zip: TAMPA, FL 33606

Title: S () Delete
Name: FERNANDEZ, ROBERT C
Address: 4890 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609

Title: VP () Delete
Name: IRVING, WEINER
Address: 13716 HALLIFORD DR.
City-St-Zip: TAMPA, FL 33624

Title: T () Delete
Name: FERNANDEZ, ROBERT C
Address: 4890 W. KENNEDY BLVD STE 990
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT C. FERNANDEZ, M.D.

T

04/14/2006

Electronic Signature of Signing Officer or Director

Date