

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 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**



03202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDGAR, JAMES R 508 S. HABANA, SUITE 310 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REESE, ELIZABETH 612 W. BAY ST. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, ROBERT C 4890 W. KENNEDY BLVD. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRVING, WEINER 13716 HALLIFORD DR. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, ROBERT C 4890 W. KENNEDY BLVD STE 990 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000684356
04/06/07-80029-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT C. FERNANDEZ, MD

3/20/07 (813) 288-1564