

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 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



01082008 No Chg-NP

CR2E037 (4/06)

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

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EDGAR, JAMES R
STREET ADDRESS	508 S. HABANA, SUITE 310
CITY-ST-ZIP	TAMPA, 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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/08-80002-006 61.25

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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

1/8/08 (813) 288-1564

Date

Daytime Phone #

ROBERT C. FERNANDEZ, MD