

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006122

FILED  
Feb 12, 2009  
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:**

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

**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: 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  
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 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.

TREA

02/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date