

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006122

FILED  
Apr 09, 2012  
Secretary of State

**Entity Name:** THE FOUNDATION FOR PSYCHOANALYSIS, INC.

**Current Principal Place of Business:**

1001 S. MACDILL AVENUE  
STE 100  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

1001 S. MACDILL AVENUE  
STE 100  
TAMPA, FL 33629 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  
Name: EDGAR, JAMES R  
Address: 508 S. HABANA, SUITE 310  
City-St-Zip: TAMPA, FL

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

Title: ST  
Name: FERNANDEZ, ROBERT C  
Address: 1001 S. MACDILL AVENUE, SUITE 100  
City-St-Zip: TAMPA, FL 33629

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT C. FERNANDEZ, M.D.

ST

04/09/2012

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

\_\_\_\_\_  
Date