

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90058 023 ****61.25

08-18-1999 90005 050 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000374

1. Corporation Name

**SOUTHEAST FLORIDA FOUNDATION FOR PSYCHOANALYSIS,
INC.**

Principal Place of Business

12860 MARSH POINTE WAY
PALM BEACH GARDENS FL 33418

Mailing Address

12860 MARSH POINTE WAY
PALM BEACH GARDENS FL 33418



2/26/99 900580023 \$61.25

2. Principal Place of Business

21 **5513 N.E. 16 Street**

2a. Mailing Address

26 **5513 N.E. 16 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **STE 106**

27 **STE 106**

City & State

23 **Fort Lauderdale, FL**

City & State

28 **Fort Lauderdale, FL**

Zip

Country

24 **33334**

25 **BROWARD**

Zip

Country

29 **33334**

30 **BROWARD**

9. Name and Address of Current Registered Agent

**HERN, STEVEN
12860 MARSH POINTE WAY
PALM BEACH GARDENS FL 33418**

3. Date Incorporated or Qualified

01/22/1998

4. FEI Number

65-0813209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

Virsida, Antonio R.

82 Street Address (P.O. Box Number is Not Acceptable)

5513 N.E. 16 Street, Ste 106

83

84 City

Fort Lauderdale

FL

85 Zip Code

33334

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

ANTONIO R. VIRSIDA Pres. Antonio R. Virsida

7/15/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SHERBY, LINDA**
STREET ADDRESS **4800 N. FEDERAL HWY, STE. 203A**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ DELETE
NAME **VIRSIDA, ANTONIO**
STREET ADDRESS **370 W. CAMINO GARDENS BLVD., STE. 106**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **D** ☐ DELETE
NAME **CORN, STEPHEN**
STREET ADDRESS **3332 NE 29TH AVE.**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ANTONIO R. VIRSIDA Pres. Antonio R. Virsida** 7/15/99 (561) 338-0902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)