2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2016
Secretary of State
CC6144194013

DOCUMENT# 710202

Entity Name: THE FLORIDA PSYCHOANALYTIC CENTER, INC.

Current Principal Place of Business:

4649 PONCE DE LEON BOULEVARD - STE. 303
CORAL GABLES, FL 33146

Current Mailing Address:

4649 PONCE DE LEON BOULEVARD - STE. 303
CORAL GABLES, FL 33146 US

FEI Number: 59-6215571

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ERIKSEN, ANA M.D.
9480 SW 77TH AVENUE
MIAMI, FL 33156 US

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: ANA ERIKSEN, M.D. 03/22/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VPD
Name	ERIKSEN, ANA M.D.
Address	9480 SW 77TH AVENUE
City-State-Zip:	MIAMI FL 33156

Title	DT
Name	GEADA, JUAN R M.D.
Address	9480 SW 77TH AVENUE
City-State-Zip:	MIAMI FL 33156

Title	DS
Name	HARKLESS, LYNNE PH.D.
Address	4601 PONCE DE LEON, # 310
City-State-Zip:	CORAL GABLES FL 33146

Title	PD
Name	LEVINE, FREDERIC PH.D
Address	2630 SW 28TH ST STE 63
City-State-Zip:	COCONUT GROVE FL 33133

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: FREDERIC LEVINE PHD PRESIDENT 03/22/2016

Electronic Signature of Signing Officer/Director Detail — Date