

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:**LOGEL, MARVIN PH.D.
4649 PONCE DE LEON BOULEVARD - STE. 303
CORAL GABLES, FL 33146 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:** MARVIN LOGEL

03/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VPD
Name	CALDERON, JULIO M.D.
Address	8205 SW 124 ST.
City-State-Zip:	MIAMI FL 33156
Title	DS
Name	FREEDMAN, PENNY PH.D.
Address	4601 PONCE DE LEON, # 380
City-State-Zip:	CORAL GABLES FL 33146

Title	DT
Name	GEADA, JUAN R M.D.
Address	9480 SW 77TH AVENUE
City-State-Zip:	MIAMI FL 33156
Title	PD
Name	LOGEL, MARVIN PH.D
Address	80 SW 8 ST. STE 2000
City-State-Zip:	MIAMI FL 33010

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: MARVIN LOGEL

PRESIDENT

03/20/2020

Electronic Signature of Signing Officer/Director Detail

Date