**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**
**Apr 26, 2025**
**Secretary of State**
**9751057778CC**

DOCUMENT# 710202

**Entity Name:** THE FLORIDA PSYCHOANALYTIC CENTER, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-6215571**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MONROY, KATHY MD
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: KATHY MONROY, MD 04/26/2025

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | VP |
| Name | SHERIDAN, DANIEL PH.D. |
| Address | 4649 PONCE DE LEON BLVD<br>303 |
| City-State-Zip: | MIAMI FL 33146 |

| | |
|---|---|
| Title | LMHC |
| Name | SUAREZ, GRETCHEN LMHC |
| Address | 1390 SOUTH DIXIE HWY.<br>1302 |
| 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 | PRESIDENT |
| Name | MONROY, KATHY MD |
| Address | 2200 NW CORPORATE BLVE.<br>319 |
| City-State-Zip: | BOCA RATON FL 33431 |

*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: KATHY MONROY, MD PRESIDENT 04/26/2025

Electronic Signature of Signing Officer/Director Detail — Date