

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000004986

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**2470245565CC**

**Entity Name:** INSTITUTE OF ALTERNATIVE PSYCHIATRY, INC

**Current Principal Place of Business:**

8788 SR 70 EAST  
SUITE 101  
BRADENTON, FL 34202

**Current Mailing Address:**

8788 SR 70 EAST  
SUITE 101  
BRADENTON, FL 34202 US

**FEI Number:** 83-0649651

**Certificate of Status Desired:** No

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

KOLP, ELI  
1604 3RD STREET CIRCLE EAST  
PALMETTO, FL 43221-4285 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P/D  
Name KOLP, ELI  
Address 1604 3RD STREET CIRCLE EAST  
City-State-Zip: PALMETTO FL 34221

Title VP/D  
Name SYLVESTER, MARK  
Address 6411 95TH STREET EAST  
City-State-Zip: BRADENTON FL 34202

Title VP/D  
Name FRIEDMAN, HARRIS  
Address 146914 DRAWDY ROAD  
City-State-Zip: FT. MYERS FL 33905

Title T/D  
Name SPOONER, BERNARD  
Address 703 HUXLEY PLACE  
City-State-Zip: SUN CITY CENTER FL 33573

Title S/D  
Name ZAPPIN, DONNA  
Address 2284 PHILIPPINE DRIVE, #59  
City-State-Zip: CLEARWATER FL 33763

*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:** ELI KOLP

**PRESIDENT**

**02/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date