



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N11729 1. Entity Name TAMPA PSYCHOTHERAPY STUDY GROUP, INC.		
Principal Place of Business 4890 W KENNEDY BLVD STE 990 TAMPA, FL 33609 US	Mailing Address 4890 W KENNEDY BLVD STE 990 TAMPA, FL 33609 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FERNANDEZ, ROBERT C MD 4890 W KENNEDY BLVD STE 990 TAMPA, FL 33609		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000222624 02/10/05-80009-013 61.25
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, ROBERT C MD 4890 W KENNEDY BLVD STE 990 TAMPA, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEINER, IRVING PHD 13716 HALLIFORD DR TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REESE, ELIZABETH 612 W. BAY ST TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDGAR, JAMES R MD 508 S HABANA AVE STE 310 TAMPA, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, GILSON M 720 W MARTIN LUTHER KING JR BLVD TAMPA, FL 33603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, ARNOLD PH.D 2424 ENTERPRISE RD STE A CLEARWATER, FL 33763	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/7/05 813-288-1564 <small>Date Daytime Phone #</small>

ROBERT C. FERNANDEZ, M.D.