

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90365 041 \*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2762066**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNANDEZ, ROBERT C MD  
4890 W KENNEDY BLVD  
STE 990  
TAMPA FL 33609**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **FERNANDEZ, ROBERT C MD**  
STREET ADDRESS **4890 W KENNEDY BLVD STE 990**  
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **WEINER, IRVING PHD**  
STREET ADDRESS **13716 HALLIFORD DR**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☒ Delete  
NAME **BASSETT, J. DAVID PHD**  
STREET ADDRESS **3500 E FLETCHER AVE STE 226**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **ST** ☐ Change ☒ Addition  
NAME **REESE, ELIZABETH**  
STREET ADDRESS **612 W. BAY ST.**  
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **D** ☐ Delete  
NAME **EDGAR, JAMES R MD**  
STREET ADDRESS **508 S HABANA AVE STE 310**  
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **WEBB, GILSON M**  
STREET ADDRESS **720 W MARTIN LUTHER KING JR BLVD**  
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SCHNEIDER, ARNOLD PH.D**  
STREET ADDRESS **2424 ENTERPRISE RD STE A**  
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Robert C. Fernandez, M.D.**

3-11-03

(813) 288-1564

CR2E037 (10/02)