# 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: ROBERT C.FERNANDEZ

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N11729

Entity Name: TAMPA BAY PSYCHOTHERAPY AND PSYCHOANALYTIC STUDY GROUP, INC.

#### Current Principal Place of Business:

1001 S. MACDILL AVENUE STE 100 TAMPA, FL 33269

# **Current Mailing Address:**

1001 S. MACDILL AVENUE STE 100 TAMPA, FL 33269 US

### FEI Number: 59-2762066

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

FERNANDEZ, ROBERT CMD 1001 S. MACDILL AVENUE STE 100 TAMPA, FL 33629 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

#### Officer/Director Detail :

Title	Р	Title	V
Name	FERNANDEZ, ROBERT CMD	Name	WEINER, IRVING PHD
Address	1001 S. MACDILL AVENUE, SUITE 100	Address	13716 HALLIFORD DR
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33624
Title	ST	Title	D
The	31	Name	EDGAR, JAMES RMD
Name	REESE, ELIZABETH LCSW	A alalas e e	
Address	612 W. BAY ST	Address	508 S HABANA AVE STE 310
		City-State-Zip:	TAMPA FL 33609
City-State-Zip:	TAMPA FL 33606		

PRESIDENT

01/28/2014

Date

# FILED Jan 28, 2014 Secretary of State CC0268527271

Certificate of Status Desired: No

Date