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

Electronic Signature of Signing Officer/Director Detail

Date

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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 C. MD	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	51	Name	EDGAR, JAMES R. MD	
Name	REESE, ELIZABETH LCSW	A		
Address	612 W. BAY ST	Address	508 S HABANA AVE STE 310	
/ (001000		City-State-Zip:	TAMPA FL 33609	
City-State-Zip:	TAMPA FL 33606			

C. FERNANDEZ, M.D.	PRESIDENT	03/29/2016

FILED Mar 29, 2016 Secretary of State CC9193749102

Date

Certificate of Status Desired: No