2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705694

FILED Feb 21, 2011 Secretary of State

Entity Name: MENTAL HEALTH AMERICA OF GREATER TAMPA BAY, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O USF DEPARTMENT OF PSYCHIATRY 12901 BRUCE B. DOWNS BLVD., MDC 102 TAMPA, FL 336124742

TAIVIPA, FL 330124742

Current Mailing Address: New Mailing Address:

C/O USF DEPARTMENT OF PSYCHIATRY 12901 BRUCE B. DOWNS BLVD., MDC 102 TAMPA, FL 336124742

FEI Number: 59-0859886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WAGNER, RICHARD B

14007 LAKE MAGDALENE BLVD

TAMPA, FL 33618 US

BARNETT, SCOTT F

140 DANUBE AVENUE

#3

TAMPA, FL 33606 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: SCOTT F. BARNETT 02/21/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PSD

 Name:
 BARNETT, SCOTT F

 Address:
 140 DANUBE AVENUE, #3

 City-St-Zip:
 TAMPA, FL 33606

Title:

Name: FERNANDEZ, FRANCISCO M.D.

Address: C/O 12901 BRUCE B. DOWNS BLVD., MDC 102

City-St-Zip: TAMPA, FL 336124742

Title: D

Name: WECKER, LYNN PH.D.

Address: C/O 12901 BRUCE B. DOWNS BLVD., MDC 102

City-St-Zip: TAMPA, FL 336124742

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: SCOTT F. BARNETT PRES 02/21/2011