

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705694

FILED  
Jan 24, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-0859886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BARNETT, SCOTT F  
140 DANUBE AVENUE  
#3  
TAMPA, FL 33606 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: BARNETT, SCOTT F  
Address: 140 DANUBE AVENUE, #3  
City-St-Zip: TAMPA, FL 33606

Title: D  
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

01/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date