

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008027

FILED
Feb 20, 2007
Secretary of State

Entity Name: TAMPA BAY PSYCHOANALYTIC SOCIETY, INC.

Current Principal Place of Business:

4890 W KENNEDY BLVD
SUITE 990
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4890 W KENNEDY BLVD
SUITE 990
TAMPA, FL 33609

New Mailing Address:

FEI Number: 36-4585573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, ROBERT C
4890 W KENNEDY BLVD
SUITE 990
TAMPA, FL 33609 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: PD () Delete
Name: ARIAS, HORACIO
Address: 1502 CHERRYWOOD AVENUE
City-St-Zip: TAMPA, FL 33613

Title: PED () Delete
Name: HARTMAN, JOHN J PH.D
Address: 10279 ESTUARY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: PPD () Delete
Name: SCHNEIDER, ARNOLD Z PH.D
Address: 55 ROGERS STREET, #506
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: FERNANDEZ, ROBERT C M.D.
Address: 110 12TH AVENUE
City-St-Zip: ST PETE BEACH, FL 33706

Title: SD () Delete
Name: STEIN, EDWARD M.D.
Address: 2400 S TRASK STREET
City-St-Zip: TAMPA, FL 336295551

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHN, HARTMAN J PH.D.
Address: 10279 ESTUARY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: PED (X) Change () Addition
Name: ALEXANDER-GUERRA, LYCIA M.D.
Address: 14043 N. DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 33618

Title: PPD (X) Change () Addition
Name: HORACIO, ARIAS M.D.
Address: 2150 W. DR. MLK BLVD.
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: RAINALDI, LESLIE PH.D.
Address: 366 VENTURA DR.
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT C. FERNANDEZ, M.D.

TD

02/20/2007

Electronic Signature of Signing Officer or Director

Date