

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90026 018 ****70.00

DOCUMENT # N05000008039 1. Entity Name TAMPA BAY INSTITUTE FOR PSYCHOANALYTIC STUDIES, INC.					
Principal Place of Business 4890 W KENNEDY BLVD SUITE 990 TAMPA, FL 33609			Mailing Address 4890 W KENNEDY BLVD SUITE 990 TAMPA, FL 33609		
2. Principal Place of Business - No P.O. Box # 14043 N. Dale Mabry Hwy Suite, Apt. #, etc.		3. Mailing Address 14043 N. Dale Mabry Hwy Suite, Apt. #, etc.			
City & State Tampa, FL Zip 33618		City & State Tampa, FL Zip 33618		4. FEI Number 20-3322429	
Country US		Country US		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, ROBERT C 4890 W KENNEDY BLVD SUITE 990 TAMPA, FL 33609			7. Name and Address of New Registered Agent Name Lycia Alexander-Guerra Street Address (P.O. Box Number is Not Acceptable) _____ 14043 N. Dale Mabry Hwy City Tampa FL Zip Code 33618		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Lycia Alexander-Guerra</i></u> 3-28-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTMAN, JOHN J PH.D. 10279 ESTUARY DRIVE TAMPA, FL 33647	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALEXANDER-GUERRA, LYCIA M.D. 14043 N. DALE MABRY HIGHWAY TAMPA, FL 33618	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, ROBERT C M.D. 110 12TH AVENUE ST PETE BEACH, FL 33706	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARIAS, HORACIO 1502 CHERRYWOOD AVENUE TAMPA, FL 33613	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, EDWARD M.D. 2400 S TRASK TAMPA, FL 336295551	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNGER, KAREN D ED.D. 1005 SONIA LANE BRANDON, FL 33511	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Nancy Brehm Ph.D. 307 First ST NE St. Petersburg, FL 33701	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lycia Alexander-Guerra, MD 17408 Gulf Blvd, #1504 Reddington, FL 33708	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Heather Pyle, PsyD 16845 Hawkridge Rd Lithia, FL 33547	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arnold Schneider, PhD 55 Rogers St, # 506 Clearwater, FL 33756	☐ Change ☒ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Heather Pyle</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					813-250-9518 Date Daytime Phone #

ATTACHMENT

40077859

Attachment

2008 Not-For-Profit Corporation Annual Report
Document # N05000008039
Tampa Bay Institute For Psychoanalytic Studies, Inc.

For "addition" to Section 11:

Title: D

Name: Kim Vaz

Address: 6902 Lakeshore Drive,
Tampa, Florida 33620