

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008039

FILED
Apr 05, 2009
Secretary of State

Entity Name: TAMPA BAY INSTITUTE FOR PSYCHOANALYTIC STUDIES, INC.

Current Principal Place of Business:

14043 N DALE MABRY HWY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

14043 N DALE MABRY HWY
TAMPA, FL 33618

New Mailing Address:

FEI Number: 20-3322429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER-GUERRA, LYCIA
14043 N DALE MABRY HWY
TAMPA, FL 33618 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: SD () Delete
Name: BREHU, NANCY PHD
Address: 307 FIRST ST NE
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: PD () Delete
Name: ALEXANDER-GUERRA, LYCIA MD
Address: 17408 GULF BLVD #1504
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: D () Delete
Name: PYLE, HEATHER PSYD
Address: 16845 HAWKRIDGE RD
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: PYLE, HEATHER PSY.D.
Address: 16845 HAWKRIDGE ROAD
City-St-Zip: LITHIA, FL 33547

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

Title: D () Delete
Name: SCHNEIDER, ARNOLD PHD
Address: 55 ROGERS ST #506
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BREHM, NANCY PHD
Address: 307 FIRST ST NE
City-St-Zip: SAINT PETERSBURG, FL 33701

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

Title: TD (X) Change () Addition
Name: PYLE, HEATHER PSYD
Address: 16845 HAWKRIDGE RD
City-St-Zip: LITHIA, FL 33547

Title: D (X) Change () Addition
Name: KIM, VAZ PHD
Address: 6902 LAKESHORE DRIVE
City-St-Zip: TAMPA, FL 33620

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

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

I hereby certify that the information supplied with this filing does not qualify 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: HEATHER PYLE

TD

04/05/2009

Electronic Signature of Signing Officer or Director

Date