## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008039

FILED Mar 08, 2010 Secretary of State

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

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

14043 N DALE MABRY HWY TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

14043 N DALE MABRY HWY TAMPA, FL 33618

FEI Number: 20-3322429 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:

ALEXANDER-GUERRA, LYCIA 14043 N DALE MABRY HWY TAMPA, FL 33618 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:

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

Title: SD

Name: BREHM, NANCY PHD Address: 307 FIRST ST NE

City-St-Zip: SAINT PETERSBURG, FL 33701

Title: PD

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

Title: TD

Name: PYLE, HEATHER PSYD Address: 16845 HAWKRIDGE RD City-St-Zip: LITHIA, FL 33547

Title:

Name: KIM, VAZ PHD

Address: 6902 LAKESHORE DRIVE

City-St-Zip: TAMPA, FL 33620

Title:

 Name:
 STEIN, EDWARD M.D.

 Address:
 2400 S TRASK

 City-St-Zip:
 TAMPA, FL 336295551

Title: [

Name: SCHNEIDER, ARNOLD PHD Address: 55 ROGERS ST #506 City-St-Zip: CLEARWATER, FL 33756

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: HEATHER PYLE TD 03/08/2010