

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11729

1. Entity Name

TAMPA PSYCHOTHERAPY STUDY GROUP, INC.

Principal Place of Business

4890 W KENNEDY BLVD  
STE 990  
TAMPA FL 33609  
US

Mailing Address

4890 W KENNEDY BLVD  
STE 990  
TAMPA FL 33609  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2762066

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ROBERT C MD  
4890 W KENNEDY BLVD  
STE 990  
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete  
P FERNANDEZ, ROBERT C MD  
STREET ADDRESS 4890 W KENNEDY BLVD STE 990  
CITY-ST-ZIP TAMPA FL 33609

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
V WEINER, IRVING PHD  
STREET ADDRESS 13716 HALLFORD DR  
CITY-ST-ZIP TAMPA FL 33624

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
ST BASSETT, J. DAVID PHD  
STREET ADDRESS 3500 E FLETCHER AVE STE 226  
CITY-ST-ZIP TAMPA FL 33613

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
D EDGAR, JAMES R MD  
STREET ADDRESS 508 S HABANA AVE STE 310  
CITY-ST-ZIP TAMPA FL 33609

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
D WEBB, GILSON MD  
STREET ADDRESS 720 W MARTIN LUTHER KING JR BLVD  
CITY-ST-ZIP TAMPA FL 33603

TITLE NAME ☒ Change ☐ Addition  
D WEBB, GILSON MD  
STREET ADDRESS 720 W MARTIN LUTHER KING JR. BLVD.  
CITY-ST-ZIP TAMPA, FL 33603

TITLE NAME ☐ Delete  
D SCHNIEDER, ARNOLD PHD  
STREET ADDRESS 2424 ENTERPRISE RD STE A  
CITY-ST-ZIP CLEARWATER FL 33763

TITLE NAME ☒ Change ☐ Addition  
D SCHNEIDER, ARNOLD Ph.D.  
STREET ADDRESS 2424 ENTERPRISE RD. SUITE A  
CITY-ST-ZIP CLEARWATER, FL 33763

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02

413-288-1564

Date

Daytime Phone #

FILED  
Mar 07, 2002 8:00 am  
Secretary of State

03-07-2002 90016 023 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)