

111729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

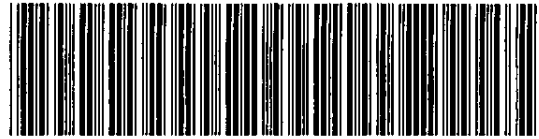
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status           

Special Instructions to Filing Officer:

Office Use Only

2-20-08



800118031058

02/15/08--01026--005 \*\*43.75

FILED  
2008 FEB 15 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NC  
[Signature]

Robert C. Fernandez, M.D.  
4890 W. Kennedy Blvd., Suite 990  
Tampa, FL 33609

(813) 288-1564 ph (813) 288-7317 fax  
rfermand@health.usf.edu

February 12, 2008

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: **Tampa Psychotherapy Study Group, Inc.**  
**Document #: N11729**

Dear Sir:

We would like to reinstate the **Tampa Psychotherapy Study Group, Inc.** and at the same time change the name to **Tampa Bay Psychotherapy and Psychoanalytic Study Group, Inc.** Enclosed is:

- 1) a "Corporation Reinstatement" form for the Tampa Psychotherapy Study Group, Inc. and a check in the amount of \$490 (which covers the reinstatement fee of \$358.75; \$61.25 filing fee for year 2006; \$61.25 filing fee for year 2007; \$8.75 for a certificate change)
- 2) the form to change the name of the corporation to **Tampa Bay Psychotherapy and Psychoanalytic Study Group, Inc.** and a check in the amount of \$43.75 (which covers \$35 for the name change fee and \$8.75 for a certificate)

We are unable to locate our original "**Articles of Incorporation**" from 1985. Please send me a copy of the Articles of Incorporation for our current files and also because I need to make a copy for the bank where we have set up the checking account.

Please let me know if any further information is needed.

Sincerely,



Robert C. Fernandez, M.D.  
President, Tampa Bay Psychotherapy  
and Psychoanalytic Study Group, Inc.

mjm

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** TAMPA PSYCHOTHERAPY STUDY GROUP, INC.

**DOCUMENT NUMBER:** N11729

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT C. FERNANDEZ, M.D.  
(Name of Contact Person)

TAMPA BAY PSYCHOTHERAPY AND PSYCHANALYTIC STUDY GROUP, INC.  
(Firm/ Company)

4890 W. KENNEDY BLVD, SUITE 990  
(Address)

TAMPA, FL 33609  
(City/ State and Zip Code)

For further information concerning this matter, please call:

ROBERT C. FERNANDEZ, MD at ( 813 ) 288-1564  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|--|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2008 FEB 15 PM 1:39

TAMPA PSYCHOTHERAPY STUDY GROUP, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N11729

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

TAMPA BAY PSYCHOTHERAPY AND PSYCHOANALYTIC STUDY GROUP, INC.  
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

N/A

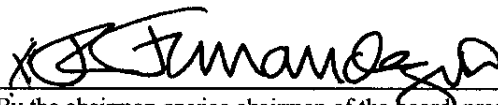
(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: 12-31-2007

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature   
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

ROBERT C. FERNANDEZ M.D.  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

**FILING FEE: \$35**