

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11729

FILED
Feb 04, 2009
Secretary of State

Entity Name: TAMPA BAY PSYCHOTHERAPY AND PSYCHOANALYTIC STUDY GROUP, INC.

Current Principal Place of Business:

4890 W KENNEDY BLVD
STE 990
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

4890 W KENNEDY BLVD
STE 990
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-2762066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, ROBERT C MD
4890 W KENNEDY BLVD
STE 990
TAMPA, FL 33609 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: P () Delete
Name: FERNANDEZ, ROBERT C MD
Address: 4890 W KENNEDY BLVD STE 990
City-St-Zip: TAMPA, FL 33609 US

Title: V () Delete
Name: WEINER, IRVING PHD
Address: 13716 HALLIFORD DR
City-St-Zip: TAMPA, FL 33624

Title: ST () Delete
Name: REESE, ELIZABETH LCSW
Address: 612 W. BAY ST
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: EDGAR, JAMES R MD
Address: 508 S HABANA AVE STE 310
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: WEBB, GILSON M
Address: 720 W MARTIN LUTHER KING JR BLVD
City-St-Zip: TAMPA, FL 33603

Title: D (X) Delete
Name: HARTMAN, JOHN PH.D
Address: 300 S. HYDE PARK AVE., SUITE 150
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ROBERT C. FERNANDEZ, M.D.

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date