2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11729

FILED Jan 07, 2011 Secretary of State

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

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

1001 S. MACDILL AVENUE STE 100

TAMPA, FL 33269 US

Current Mailing Address: New Mailing Address:

1001 S. MACDILL AVENUE STE 100 TAMPA, FL 33269 US

FEI Number: 59-2762066 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:

FERNANDEZ, ROBERT C MD 1001 S. MACDILL AVENUE STE 100 TAMPA, FL 33629 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: F

Name: FERNANDEZ, ROBERT C MD
Address: 1001 S. MACDILL AVENUE, SUITE 100

City-St-Zip: TAMPA, FL 33629 US

Title: \

Name: WEINER, IRVING PHD Address: 13716 HALLIFORD DR City-St-Zip: TAMPA, FL 33624

Title: S1

Name: REESE, ELIZABETH LCSW

Address: 612 W. BAY ST City-St-Zip: TAMPA, FL 33606

Title:

Name: EDGAR, JAMES R MD Address: 508 S HABANA AVE STE 310

City-St-Zip: TAMPA, FL 33609

Title:

Name: WEBB, GILSON M

Address: 720 W MARTIN LUTHER KING JR BLVD

City-St-Zip: TAMPA, FL 33603

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: ROBERT C. FERNANDEZ, MD

Ρ

01/07/2011