2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1001 S. MACDILL AVENUE
STE 100
TAMPA, FL 33269 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
1001 S. MACDILL AVENUE
STE 100
TAMPA, FL 33629 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
Name: FERNANDEZ, ROBERT C MD
Address: 1001 S. MACDILL AVENUE, SUITE 100
City-St-Zip: TAMPA, FL 33629 US

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

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

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

Title: D
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, M.D. PRES 02/09/2012

Electronic Signature of Signing Officer or Director Date