

FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34837** (7)

1. Corporation Name

TAMPA PSYCHIATRIC ASSOCIATION, INC.



Principal Place of Business 13117 FOREST HILLS DRIVE TAMPA FL 33612	Mailing Address 13117 FOREST HILLS DRIVE TAMPA FL 33612-3335
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/20/1989		3a. Date of Last Report 02/21/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2977444		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24		Country 25		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MARGO S. ADAMS 521 EAST PARK AVE. TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Margo S. Adams* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUARZ, AMADO M D		1.2 NAME	CHOKSI, JAYENDRA MD			
STREET ADDRESS	221 PAUL'S DRIVE, SUITE D		1.3 STREET ADDRESS	2630 WEST WATERS AVENUE			
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL 33614			
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHOKSI, JAYENDRA M D		2.2 NAME	BARNES, MARIANNE MD			
STREET ADDRESS	2630 WEST WATERS AVENUEUE		2.3 STREET ADDRESS	3450 E. FLETCHER AVENUE #100			
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA, FL 33613			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOOD, WILLIAM M D		3.2 NAME	MILIAN, NECTOR MD			
STREET ADDRESS	3515 EAST FLETCHER AVENUE		3.3 STREET ADDRESS	8001 N. DALE MARY HWY #801-B			
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL 33614			
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILIAN, NECTOR M D		4.2 NAME	McCARTY, KATHLEEN MD			
STREET ADDRESS	4620 HABANA AVENUE NORTH		4.3 STREET ADDRESS	4730 N. HABANA AVENUE #304			
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	TAMPA, FL 33614			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *N. E. Milian* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **8/20/97** DAYTIME PHONE # **(813) 982-3199**

CR2E037 (9/96)