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Apr 20 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N34837 (7)**

1. Corporation Name

**TAMPA PSYCHIATRIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

13117 FOREST HILLS DRIVE  
TAMPA FL 33612

13117 FOREST HILLS DRIVE  
TAMPA FL 33612



3. Date Incorporated or Qualified

10/20/1989

4. FEI Number

59-2977444

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARGO S. ADAMS**  
**521 EAST PARK AVE.**  
**TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHOKSI, JAYENDRA MD	
STREET ADDRESS	2630 WEST WATERS AVE	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marianne Barnes, MD	
1.3 STREET ADDRESS	3450 E. Fletcher Ave., #100	
1.4 CITY-ST-ZIP	Tampa, FL. 33613	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARNES, MARIANNE MD	
STREET ADDRESS	3450 E FLETCHER AVE #100	
CITY-ST-ZIP	TAMPA FL	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Nestor Milian, M.D.	
2.3 STREET ADDRESS	8001 N. Dale Mabry Hwy., #801B	
2.4 CITY-ST-ZIP	Tampa, FL. 33614	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILIAN, NESTOR MD	
STREET ADDRESS	8001 N DALE MABRY HWY #801-B	
CITY-ST-ZIP	TAMPA FL	

3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kathleen McCarty, M.D.	
3.3 STREET ADDRESS	5108 N. Habana Ave.	
3.4 CITY-ST-ZIP	Tampa, FL. 33614	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCARTY, KATHLEEN MD	
STREET ADDRESS	4730 N HABANA AVE #304	
CITY-ST-ZIP	TAMPA FL	

4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	James Adams, M.D.	
4.3 STREET ADDRESS	3001 W. Dr. Martin Luther King, Jr. Blvd	
4.4 CITY-ST-ZIP	Tampa, FL. 33607	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: Kathleen McCarty MD KATHLEEN McCarty MD 1-27-98 813-872-6031

CR2E037 (10/97)