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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34837

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/20/1989

22 City & State

27 City & State

4. FEI Number
59-2977444

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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 ☒ DELETE
NAME BARNES, MARIANNE M
STREET ADDRESS 3450 E FLETCHER AVE #100
CITY-ST-ZIP TAMPA FL 33613

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Kathleen McCarthy, MD
1.3 STREET ADDRESS 5108 N. Habana Av, #2
1.4 CITY-ST-ZIP Tampa, FL. 33614

TITLE VD ☐ DELETE
NAME NESTOR, MILIAN M
STREET ADDRESS 8001 N DALE MABRY, #801B
CITY-ST-ZIP TAMPA FL 33614

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME James Adams, MD
2.3 STREET ADDRESS 706 S. Moody Ave.
2.4 CITY-ST-ZIP Tampa, FL. 33606

TITLE TD ☐ DELETE
NAME MCCARTY, KATHLEEN M
STREET ADDRESS 5108 N HAVANA AVE
CITY-ST-ZIP TAMPA FL 33651

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME Hafiz Rahman, MD
3.3 STREET ADDRESS 4001 N. Riverside Dr., #201
3.4 CITY-ST-ZIP Tampa, FL. 33603

TITLE SD ☐ DELETE
NAME ADAMS, JAMES M
STREET ADDRESS 3001 W DR MLK BLVD
CITY-ST-ZIP TAMPA FL 33607

4.1 TITLE SD ☒ Change ☒ Addition
4.2 NAME Hardeep Singh, M.D.
4.3 STREET ADDRESS 3820 Northdale Blvd., #300-B
4.4 CITY-ST-ZIP Tampa, FL. 33624

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(l), 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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 813-872-6031
Date Daytime Phone #

CR2E037 (1/98)