

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34837

1. Entity Name

TAMPA PSYCHIATRIC ASSOCIATION, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90238 013 ****61.25

Principal Place of Business

13117 FOREST HILLS DRIVE
TAMPA FL 33612

Mailing Address

13117 FOREST HILLS DRIVE
TAMPA FL 33612-3335

2. Principal Place of Business

13117 Forest Hills Dr
Suite, Apt. #, etc.

3. Mailing Address

13117 Forest Hills Dr
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-2977444

Applied For

Not Applicable

Zip

33612

Country

Hillsborough

Zip

33612

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME SINGH, HARDEEP MD
STREET ADDRESS 3820 NORTHDAL BLVD., #300-B
CITY-ST-ZIP TAMPA FL 33624

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

TITLE VD ☐ Delete
NAME ADAMS, JAMES MD
STREET ADDRESS 706 S MOODY AVE
CITY-ST-ZIP TAMPA FL 33606

TITLE PD ☐ Delete
NAME MCCARTHY, KATHLEEN MD
STREET ADDRESS 5108 N HABANA AVE, #2
CITY-ST-ZIP TAMPA FL 33614

TITLE TD ☐ Delete
NAME RAHMAN, HAFIZ MD
STREET ADDRESS 4001 N RIVERSIDE DR, #201
CITY-ST-ZIP TAMPA FL 33603

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD James Adams, M.D. ☒ Change ☐ Addition
NAME 706 S. Moody Ave.
STREET ADDRESS Tampa, FL 33606
CITY-ST-ZIP

TITLE VD Hafiz Rahman, M.D. ☒ Change ☐ Addition
NAME 1936 W. Martin Luther King Blvd., #104
STREET ADDRESS Tampa, FL 33607
CITY-ST-ZIP

TITLE TD Hardeep Singh, MD ☒ Change ☐ Addition
NAME 3820 Northdale Blvd #300-B
STREET ADDRESS Tampa, FL 33624
CITY-ST-ZIP

TITLE SD Askot Komarla, M.D. ☐ Change ☒ Addition
NAME 1109 E. 139th Ave.
STREET ADDRESS Tampa, FL
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-00

813-259-1185

CR2E037 (9/99)