

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90075 034 *****61.25

DOCUMENT # N34837

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2977444

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
SD	SINGH, HARDEEP MD	3820 NORTHDAL BLVD., #300-B	TAMPA FL 33624	<input type="checkbox"/>
VD	NESTOR, MILIAN M	8001 N DALE MABRY, #801B	TAMPA FL 33614	<input checked="" type="checkbox"/>
VD	ADAMS, JAMES MD	706 S MOODY AVE	TAMPA FL 33606	<input checked="" type="checkbox"/>
PD	MCCARTHY, KATHLEEN MD	5108 N HABANA AVE, #2	TAMPA FL 33614	<input checked="" type="checkbox"/>
TD	RAHMAN, HAFIZ MD	4001 N RIVERSIDE DR, #201	TAMPA FL 33603	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	Rahman, Hafiz, MD	1936 W. Martin Luther King Blvd, # 104	Tampa, FL 33603	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Singh, Hardeep, MD	3820 Northdale Blvd, # 300-B	Tampa, FL 33624	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Komarika, Askok MD	1109 E. 139th Ave.	Tampa, FL 33613	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Feldman, Phyllis, MD	3500 E. Fletcher Ave, # 201	Tampa, FL 33613	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

CR2E037 (10/00)