

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90322 020 ****61.25

DOCUMENT # N34837

1. Entity 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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME RAHMAN, HAFIZ MD
 STREET ADDRESS 1936 W M L K BLVD # 104
 CITY-ST-ZIP TAMPA FL 33607

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

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

TITLE VD ☒ Change ☐ Addition
 NAME Komar, Ashok, M.D.
 STREET ADDRESS 1109 E 139th Ave.
 CITY-ST-ZIP Tampa FL 33613

TITLE SD ☐ Delete
 NAME FEIDMAN, PHYLLIS MD
 STREET ADDRESS 3500 E FLETCHER AVE # 201
 CITY-ST-ZIP TAMPA FL 33613

TITLE TD ☐ Change ☐ Addition
 NAME Feldman, Phyllis, M.D.
 STREET ADDRESS 3500 E. Fletcher Ave, # 201
 CITY-ST-ZIP Tampa, FL 33613

TITLE TD ☐ Delete
 NAME KOMARLA, ASKOK MD
 STREET ADDRESS 1109 E 139TH AVE
 CITY-ST-ZIP TAMPA FL 33613

TITLE SD ☐ Change ☐ Addition
 NAME Batra, Krishan
 STREET ADDRESS 14802 N. Dale Mabry Hwy, # 330
 CITY-ST-ZIP Tampa FL 33618

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 REQUIRED

3/21/02

CR2E037 (9/01)