

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90201 024 ***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**

44000377



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2977444

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **FEIDMAN, PHYLLIS MD**
STREET ADDRESS **3450 E FLETCHER AVE #100**
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE **PD** ☒ Change ☐ Addition
NAME **FELDMAN-SICOTTA, PHYLISS**
STREET ADDRESS **3450 E FLETCHER AVE #250**
CITY-ST-ZIP **TAMPA, FL 33613**

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

TITLE **VD** ☒ Change ☐ Addition
NAME **BATEA, KRISHAN, MD**
STREET ADDRESS **14802 N DALE MABRY HWY, #330**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **TD** ☐ Delete
NAME **BATRA, KRISHAN**
STREET ADDRESS **14802 N DALE MABRY HWY, #330**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **TD** ☒ Change ☐ Addition
NAME **GETTES, RUTH, MD**
STREET ADDRESS **13902 N. DALE MABRY HWY #160**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **SD** ☐ Delete
NAME **GETTES, RUTH MD**
STREET ADDRESS **13902 N DALE MABRY HWY #160**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **SD** ☐ Change ☒ Addition
NAME **KANFER, STEVEN**
STREET ADDRESS **309 S. FIELDING AVE**
CITY-ST-ZIP **TAMPA, FL 33606**

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:

Phyllis Sicotta Feldman, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #