

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90182 007 \*\*\*\*61.25

**DOCUMENT # N34837**

1. Entity Name  
**GREATER TAMPA BAY PSYCHIATRIC SOCIETY, INC.**



Principal Place of Business  
**13117 FOREST HILLS DRIVE  
TAMPA, FL 33612**

Mailing Address  
**13117 FOREST HILLS DRIVE  
TAMPA, FL 33612**

**40066220**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142006 Chg-NP CR2E037 (11/05)

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

**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. 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, 2006**

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

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

TITLE VD ☐ Delete  
NAME GETTES, RUTH MD  
STREET ADDRESS 14802 N DALE MABRY HWY #160  
CITY-ST-ZIP TAMPA, FL 33618

TITLE TD ☐ Delete  
NAME KANFER, STEVEN  
STREET ADDRESS 309 S FIELDING AVENUE  
CITY-ST-ZIP TAMPA, FL 33606

TITLE SD ☐ Delete  
NAME BOLDBERG, BYRON MD  
STREET ADDRESS 5293 61ST AVENUE SOUTH  
CITY-ST-ZIP SAINT PETERSBURG, FL 33712

TITLE SD ☐ Delete  
NAME KANFER, STEVEN  
STREET ADDRESS 309 S FIELDING AVE  
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME Gettes, Ruth, M.D.  
STREET ADDRESS 13902 N Dale Mabry Hwy., #160  
CITY-ST-ZIP Tampa, FL 33618

TITLE VD ☒ Change ☐ Addition  
NAME Kanfer, Steven, M.D.  
STREET ADDRESS 309 S. Fielding Avenue  
CITY-ST-ZIP Tampa, FL 33606

TITLE TD ☒ Change ☐ Addition  
NAME Goldberg, Byron M.D.  
STREET ADDRESS 5293 61st Avenue South  
CITY-ST-ZIP Saint Petersburg, FL 33712

TITLE SD ☐ Change ☒ Addition  
NAME Hawk, Steven, D.D.  
STREET ADDRESS 10225 Ulmerton Rd., #4A  
CITY-ST-ZIP Largo, FL 33556

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 exemptions contained in Chapter 119, 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 #

4/19/06

264-5580