## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 30, 2007 8:00 am Secretary of State

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DOCUMENT # N34837  1. Entity Name GREATER TAMPA BAY PSYCHIATRIC SOCIETY, INC.							04-30-2007	90865 (		61.25	
Principal Place of Business 13117 FOREST HILLS DRIVE TAMPA, FL 33612  Mailing Address 13117 FOREST HILLS DRIVE TAMPA, FL 33612										lii <b>d</b> i <b>d</b> in mimis mii	
Principal Place of Business - No P.O. Box #     3. N				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04242007	Chg-NP	CR2E0	37 (12/06)	
City & State			City & State				4. FEI Number Applied For 59-2977444 Not Applicable				
Zip	Zip Country		Zip		Country	untry 5. Certif		of Status Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Current	Registered	Agent			7. Name and	Address of New R	egistered .	Agent	
				· · · · · · · · · · · · · · · · · · ·	Name						
MARGO S. ADAMS 521 EAST PARK AVE. TALLAHASSEE, FL 32301					Street A	Street Address (P.O. Box Number is Not Acceptable)					
	·				City				FL	Zip Cod	ie
		y submits this statement fo	or the purpos	se of changing its	registered office of	r register	ed agent, or bot	h, in the State of Flo		familiar with	, and accept
the obligati	ions of regist	ered agent.									
SIGNATURE .											
	Signature, typed	or printed name of registered agent									
Filing Fee is \$61.25 Due by May 1, 2007			and the nappac	able. (NOTE	: Registered Agent signa	ture required	when reinstating)		DATE		
	_				npaign Financing	ture required	\$5.00 May B Added to Fees		ake chec	k payable trnent of S	
10.	_			9. Election Cam	npaign Financing		\$5.00 May B		ake checi ida Depar	tment of S	itate
10.	_	lay 1, 2007		9. Election Cam	npaign Financing contribution.		\$5.00 May B Added to Fees ADDITIONS/CHA	Flori	ake checi ida Depar	tment of S	itate
<del></del>	Due by N	lay 1, 2007		9. Election Cam Trust Fund C	npaign Financing contribution.		\$5.00 May B Added to Fees ADDITIONS/CHA	Flori	ake checi ida Depar	trnent of S	N 10
TITLE	PD GETTES,	OFFICERS AND DIE  RUTH M.D.  RTH DALE MABRY H	RECTORS	9. Election Cam Trust Fund C	npaign Financing contribution.	PD Yanfa	\$5.00 May B. Added to Fees ADDITIONS/CHA er, Steven, South Fi	Flori ANGES TO OFFICE HD elding tre	ake checi ida Depar	trnent of S	N 10
TITLE NAME STREET ADORESS	PD GETTES, 13902 NO	OFFICERS AND DIE  RUTH M.D.  RTH DALE MABRY H	RECTORS	9. Election Carr Trust Fund C	npaign Financing contribution.  11. TITLE NAME STREET ADDRESS	PD Yanfo 309	\$5.00 May B Added to Fees ADDITIONS/CHA	Flori ANGES TO OFFICE HD elding tre	ake checi ida Depar	trinent of S RECTORS II	N 10 Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	PD GETTES, 13902 NO TAMPA, F	OFFICERS AND DIE  RUTH M.D.  RTH DALE MABRY H	RECTORS	9. Election Cam Trust Fund C	npaign Financing contribution.  11.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	PD Yanfo 309 Tam	\$5.00 May B. Added to Fees ADDITIONS/CHA er, Steven, South F	Flori ANGES TO OFFICE HD elding Are 33606	ake checi ida Depar RS AND DI	trnent of S	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD GETTES, 13902 NO TAMPA, F VD KANFER,	OFFICERS AND DIE RUTH M.D. PRTH DALE MABRY HV	RECTORS	9. Election Carr Trust Fund C	npaign Financing contribution.  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD Yanfo 309 Tam	\$5.00 May B. Added to Fees ADDITIONS/CHA er, Steven, South F	Flori ANGES TO OFFICE HD elding Are 33606	ake checi ida Depar RS AND DI	trinent of S RECTORS II	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD GETTES, 13902 NO TAMPA, F VD KANFER,	OFFICERS AND DIE RUTH M.D. PRTH DALE MABRY HE L 33618 STEVEN M.D. ITH FIELDING AVE	RECTORS	9. Election Carr Trust Fund C	npaign Financing Ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD Yanto 309 Tam VD Barry	\$5.00 May B Added to Fees ADDITIONS/CH/ Er, Steven, South Fi May Fi Ne H, Dek 13 7 Bruc	Floring Are alding Are 33606  ara, MD a B Downs	ake checi ida Depar RS AND DI	trinent of S RECTORS II	N 10 Addition
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12. Thereby certify that the information supplied with this filling 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 accurate and the empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 10225 ULMERTON RD # 4A

LARGO, FL 33556