2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N34837

1. Entity Name



FILED Apr 14, 2008 8:00 am Secretary of State 04-14-2008 90024 014 ****61.25

GREATER TAMPA BAY PSYCHIATRIC SOCIETY, INC.												
13117 FOREST HILLS DRIVE 131				iling Address 1117 FOREST HILLS DRIVE MPA, FL 33612				- 1 1 1 1 1 1 1 1 1 1			1 81811 81811 818	IIIAA EL IBEL
2. Principal Place of Business - No P.O. Box # 3. Ma				alling Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				03182008	Chg-NP	CR2E03	7 (12/06)	
City & State				City & State				4. FEI Number 59-2977	444		No	oplied For ot Applicable
Zip	Country - 6. Name and Address of Current Regis				untry	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent						
	- 6. Name	and Address of Current	Registere	d Agent		Name		/. Name and A	adress of New I	Kegistered A	gent	
MARGO S. ADAMS 521 EAST PARK AVE. TALLAHASSEE, FL 32301						Street Address (P.O. Box Number is Not Acceptable)						
						City			· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	e
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, 2008				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Flo	Make check rida Depart	ment of S	tate	
10.	100	OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CHAI				
NAME STREET ADDRESS CITY-ST-ZIP		RUTH M.D. TH FIELDING AVE FL 33606		🔀 Delete			14437 Tamp	ett, Debra, Bruce B. D. pa. Fi 33	owns Blvd. 613	PD	Z Change	E€Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KANFER, STEVEN M.D. 309 SOUTH FIELDING AVE TAMPA, FL 33606			Ø\$ Delete			Hawk 1004 Bay 1	, Steven, D Do Bayfin Pines, Fc	io. 1 ies Blvd # - 33744	ID + 116#	⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEBRA M.D. 14437 BRUCE B. DOWNS BLVD TAMPA, FL 33613			□ Delete			55 6 : Saint	fith, Walte 5 Dr. MLK - Petersbu	Jr Street Si Fc 3			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIFFITH, WALTER MD 5565 DR. MLK JR STREET., NORTH SAINT PETERSBURG, FL 33703			☐ Delete			Cua, William, SD 555 Ranch Road Tarpon Springs, FL				☐ Change	⊠ .Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10225 UL	TEVEN D.D. MERTON RD # 4A FL 33556	·	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition

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:

OF SIGNING OFFICER OR DIRECTOR