

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34837

FILED  
Feb 02, 2009  
Secretary of State

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

**Current Principal Place of Business:**

13117 FOREST HILLS DRIVE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

13117 FOREST HILLS DRIVE  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 59-2977444      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: GETTES, RUTH M.D.  
Address: 309 SOUTH FIELDING AVE  
City-St-Zip: TAMPA, FL 33606

Title: VD      ( ) Delete  
Name: KANFER, STEVEN M.D.  
Address: 309 SOUTH FIELDING AVE  
City-St-Zip: TAMPA, FL 33606

Title: PD      ( ) Delete  
Name: BARNETT, DEBRA M.D.  
Address: 14437 BRUCE B. DOWNS BLVD  
City-St-Zip: TAMPA, FL 33613

Title: TD      ( ) Delete  
Name: GRIFFITH, WALTER MD  
Address: 5565 DR. MLK JR STREET., NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VD      (X) Delete  
Name: HAWK, STEVEN D.D.  
Address: 10225 ULMERTON RD # 4A  
City-St-Zip: LARGO, FL 33556

Title: SD      (X) Delete  
Name: CUA, WILLIAM  
Address: 14437 BRUCE B DOWNS BLVD  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: HAWK, STEVE M.D.  
Address: 10000 BAY PINES BLVD., #116A  
City-St-Zip: BAY PINES, FL 33744

Title: VD      (X) Change ( ) Addition  
Name: GRIFFITH, WALTER M.D.  
Address: 3212 EL CENTRO STREET  
City-St-Zip: ST. PETERSBURG BEACH, FL 33706

Title: TD      (X) Change ( ) Addition  
Name: CUA, WILLIAM M.D.  
Address: 10000 BAY PINES BLVD, #116A  
City-St-Zip: BAY PINES, FL 33744

Title: SD      (X) Change ( ) Addition  
Name: PAGES, KENNETH MD  
Address: 508 S. HABANA AVENUE, SUITE 320  
City-St-Zip: TAMAP, FL 33609

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE HAWK, M.D.

PD

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date