

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34837

**FILED**  
**Apr 24, 2012**  
**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  
Name: PAGES, KENNETH M.D.  
Address: 508 S HABANA AVENUE, SUTIE 320  
City-St-Zip: TAMPA, FL 33609

Title: VD  
Name: SINGH, HARDEEP M.D.  
Address: 16554 N DALE MABRY HIGHWAY  
City-St-Zip: TAMPA, FL 33618

Title: TD  
Name: GONZALEZ-MAYO, ALINA M.D.  
Address: 6309 VISTA VERDE DR E  
City-St-Zip: ST PETERSBURG, FL 33707

Title: SD  
Name: WARDELL-YOUNG, CHERYL MD  
Address: 9500 BAY PINES BLVD  
City-St-Zip: ST PETERSBURG, FL 33708

I hereby 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 all other like empowered.

SIGNATURE: KENNETH PAGES, MD

PD

04/24/2012

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

\_\_\_\_\_  
Date