2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34837

1. Entity Name

TAMPA PSYCHIATRIC ASSOCIATION, INC.



Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91454 002 ****61.25

FILED

IMMILYIY	Ì								
Principal Plac 13117 FOREST TAMPA FL 336		Mailing Address 13117 FOREST HILLS DRIVI TAMPA FL 33612	17 FOREST HILLS DRIVE						
2. Principal P	Place of Business	3. Mailing Address							
Cirilan Ana	# abo	Cultar Anna II ann				1 10011101 004 11	ili kinde ihind itili indi nidit din		131 010 13 1 0 01
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State	е	City & State				4. FEI Number 59-2977444 Applied For Not Applied For			
Zip Country		Zip (Country		5. Certificate of St	atus Desired	\$8.75 Ad	ditional
	6. Name and Address of Current R	eaistered Agent			1_	7. Name and Add	ress of New Registered	•	
······································				Name					
MARGO'S. ADAMS				Street Address (P.O. Box Number is Not Acceptable)					
	PARK AVE.			Street Addi	ress (r.	O. BOX NUMBER IS I	vot Acceptable)		
TALLAHASSEE FL 32301			Ĭ	-					
				City FL Zip Code					le
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or red	gistere	d agent, or both, in	the State of Florida. I am	familiar with,	and accept
SIGNATURE .	ions of registered agent. Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE	: Registered	Agent signature re	required w	/hen reinstating)	DATE		
§ 1	FILE NOW: FEE IS \$61.25	9. Election Can Trust Fund C				\$5.00 May Be Added to Fees	Make Chec Florida Depar		
10. 😽	OFFICERS AND DIRE		11.				ES TO OFFICERS AND DI	RECTORS IN	10
TITLE	PD	🔀 Delete	TITLE	PC) K	omarla, Asho 19 E. 139th	k, H.D.	🔀 Change	☐ Addition
NAME	SINGH, HARDEEP MD		NAME		ilo	139th	Ave.		
STREET ADDRESS CITY-ST-ZIP	3820 NORTHDALE BLVD # 300-B			T ADDRESS ST-ZIP		ampa, FL 3			
	TAMPA FL 33624							IX Change	C Addition
TITLE NAME	FEIDMAN, PHYLLIS MD	Delete .	TITLE NAME	νί	D F	eldman, Ph	yllis, H.D. cherque, # 100	(A) Change	Addition
STREET ADDRESS	3500 E FLETCHER AVE # 201	•		T ADDRESS					
CITY-ST-ZIP	TAMPA FL 33613		CITY-	ST-ZIP	T	ampa, FL	33413		
TITLE	VD .	☐ Delete	TITLE	71	T (1	Andre Vrie	skan M.D	Change	Addition
NAME	KOMARLA, ASHOK MD	د جيد الد د جيد الد	> NAME		ا ئات س		shan, M.D. ale Habry Hwy.,	#"222	
STREET ADDRESS	1109 E 139TH AVE			T ADDRESS	1	9802 N. O	tie Many muy,	730	
CITY-ST-ZIP	TAMPA FL 33613		CITY-	ST-ZIP	<u> </u>	ampa, FL	33618 th, H.D. tle Mabry Hwy, #		
IIITÉ	SD	☐ Delete	TITLE	S i	$\mathbf{D} \in \mathcal{G}$	Cottes, Rux	4 KD	Change	X Addition
NAME	BATRA, KRISHAN		NAME	T 4 D D D C C C	13	RAND N DA	le Habry Hun #	160	
STREET ADDRESS CITY-ST-ZIP	14802 N DALE MABRY HWY, #330	,		T ADDRESS ST-ZIP	÷	3,100 /1, 10 3,100 Fi	2240		
	TAMPA FL 33618		-	01741		ampa Fi	25618	Cheese	Addition
title Name		☐ Delete	TITLE NAME					Change	CT VOUCIOU
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME		Delete	NAME						
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SICOTUBE EDQUIRED

4-15-03

813)972-2705