

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90002 041 \*\*\*558.75

<b>DOCUMENT # P04000018382</b> 1. Entity Name <b>TAMPA BAY FAMILY THERAPY CENTER, P.A.</b>																															
Principal Place of Business <del>101 E KENNEDY BLVD STE 2700</del> <del>TAMPA, FL 33602</del>		Mailing Address <del>101 E KENNEDY BLVD STE 2700</del> <del>TAMPA, FL 33602</del>																													
2. Principal Place of Business 4144 N. Armenia Ave. Suite, Apt. #, etc. <b>Suite 375</b> City & State <b>Tampa FL</b> Zip <b>33607</b> Country <b>USA</b>		3. Mailing Address 4144 N. Armenia Ave. Suite, Apt. #, etc. <b>Suite 375</b> City & State <b>Tampa FL</b> Zip <b>33607</b> Country <b>USA</b>																													
4. FEI Number <b>61-1465735</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent <b>WEINBRENN, DON B ESQ.</b> <b>101 E KENNEDY BLVD STE 2700</b> <b>TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name <b>Jonathan Greenstein, Ph.D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4144 N. Armenia Ave.</b> <b>Suite 375</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33607</b>																													
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 <u><i>Jonathan Greenstein, Ph.D.</i></u> DATE <b>7/1/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>																															
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>Owner, Director</b>  <b>Jonathan Greenstein</b>  <b>4144 N. Armenia Ave, suite 375</b>  <b>Tampa, FL 33607</b> </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Owner, Director</b> <b>Jonathan Greenstein</b> <b>4144 N. Armenia Ave, suite 375</b> <b>Tampa, FL 33607</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: <u><i>Jonathan Greenstein</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															

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