

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000018382

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Entity Name:** TAMPA BAY FAMILY THERAPY CENTER, P.A.

**Current Principal Place of Business:**

4144 NORTH ARMENIA AVENUE  
SUITE 375  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

4144 NORTH ARMENIA AVENUE  
SUITE 375  
TAMPA, FL 33607 US

**New Mailing Address:**

**FEI Number:** 61-1465735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREENSTEIN, JONATHAN PH.D.  
4144 NORTH ARMENIA AVENUE  
SUITE 375  
TAMPA, FL 33607 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:** JONATHAN GREENSTEIN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DO  
**Name:** GREENSTEIN, JONATHAN  
**Address:** 4144 NORTH ARMENIA AVENUE SUITE 375  
**City-St-Zip:** TAMPA, FL 33607 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JONATHAN GREENSTEIN

RA

10/08/2013

Electronic Signature of Signing Officer or Director

Date