2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2006
Secretary of State

DOCUMENT# P04000113547

Entity Name: CLINICAL PSYCHOLOGY ASSOCIATES OF TAMPA BAY, INC.

Current Principal Place of Business:

1210 MILLENIUM PKWY., STE. 1033
BRANDON, FL 33511

New Principal Place of Business:

1210 MILLENNIUM PKWY.
STE. 1033
BRANDON, FL 33511

Current Mailing Address:

1210 MILLENIUM PKWY., STE. 1033
BRANDON, FL 33511

New Mailing Address:

1210 MILLENNIUM PKWY.
STE. 1033
BRANDON, FL 33511

FEI Number: 20-1458489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, CHERROLYN C PH.D.
PO BOX 2288
BRANDON, FL 33509 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, CHERROLYN C
Address: PO BOX 2288
City-St-Zip: BRANDON, FL 33509

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: SMITH, CHERROLYN C PH.D.
Address: PO BOX 2288
City-St-Zip: BRANDON, FL 33509

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERROLYN C. SMITH P 04/23/2006

Electronic Signature of Signing Officer or Director Date