2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113547

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

FILED Mar 31, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1210 MILLENNIUM PKWY. STE. 1033 BRANDON, FL 33511

Current Mailing Address: New Mailing Address:

1210 MILLENNIUM PKWY. P. O. BOX 2288 STE. 1033 BRANDON, FL 33511 PRANDON, FL 33509

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

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

SMITH, CHERROLYN C PH.D.

PO BOX 2288

BRANDON, FL 33509 US

SMITH, CHERROLYN C PH.D.

1210 MILLENNIUM PARKWAY

SUITE 1033

BRANDON, FL 33511 US

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: CHERROLYN C. SMITH 03/31/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. () Delete Title: DR. (X) Change () Addition Name: SMITH, CHERROLYN C PH.D. Name: SMITH, CHERROLYN C PH.D.

 Address:
 PO BOX 2288
 Address:
 P.O. BOX 2288

 City-St-Zip:
 BRANDON, FL 33509
 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 DR. 03/31/2007