

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000031889

FILED  
Mar 20, 2007  
Secretary of State

**Entity Name:** TAMPA OPTIONS FOR PSYCHIATRIC SERVICES, INC.

**Current Principal Place of Business:**

905 E. MLK JR. DR  
SUITE 310  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

17303 STETSON LANE  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 59-3310993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DICKEY, DAVID D ESQ  
101 E. KENNEDY BLVD  
STE. 3400  
TAMPA, FL 33602 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: BATRA, KRISHAN DR  
Address: 17303 STETSON LANE  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KRISHAN K. BATRA, M.D.

P

03/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date