

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000031889

**FILED**  
**May 09, 2013**  
**Secretary of State**

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

**Current Principal Place of Business:**

16725 RACETRACK RD.  
ODESSA, FL 33556

**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:**

TAMPA OPTIONS FOR PSYCHIATRIC SERVICES, INC  
17303 STETSON LN  
ODESSA, FL 33556 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: KRISHAN K BATRA

05/09/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BATRA, KRISHAN DR  
Address: 17303 STETSON LANE  
City-St-Zip: ODESSA, FL 33556

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: KRISHAN K BATRA

P

05/09/2013

Electronic Signature of Signing Officer or Director

Date