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FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S42510** (5)
1. Corporation Name
THE UNIVERSITY PSYCHOTHERAPY GROUP, P.A.



Principal Place of Business Mailing Address
5208 E. FOWLER AVENUE, SUITE E **5208 E. FOWLER AVENUE, SUITE E**
TAMPA FL 33617 **TAMPA FL 33617**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **12210 N 56th Street** 26 **12210 N 56th Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Tampa, FL** 28 **Tampa, FL**
Zip Country Zip Country
24 **33617** 25 **USA** 29 **33617** 30 **USA**

3. Date Incorporated or Qualified
04/01/1991
4. FEI Number **59-3057249** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required
6. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALLAN, JOSEPH P
5208 E. FOWLER AVE
SUITE E
TAMPA FL 33617

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
12210 N 56th Street
83
84 City **Tampa** **FL** 85 Zip Code **33617**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|-------------------|--------------------------|-------------|--------------------------|
| DPT | CALLAN, JOSEPH P. | 5208 E FOWLER AVE.,STE E | TAMPA FL | <input type="checkbox"/> |
| S | FORMAN, JANICE | 5208 E FOWLER AVE.,STE E | TAMPA FL | <input type="checkbox"/> |
| V | MYERS, SHIRLEY | 5208 E. FOWLER AVE STE E | TAMPA FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|---------------------|-----------------|--------------------------|--------------------------|
| | | 12210 N 56th Street | Tampa, FL 33617 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | Change | Addition |
| | | 12210 N 56th Street | Tampa, FL 33617 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | Change | Addition |
| | | 12210 N 56th Street | Tampa, FL 33617 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | Change | Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | Change | Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | Change | Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)