


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # S42510 1. Entity Name THE UNIVERSITY PSYCHOTHERAPY GROUP, P.A.		
Principal Place of Business 10730 N 56TH STREET 210 TAMPA, FL 33617 US	Mailing Address 10730 N 56TH STREET 210 TAMPA, FL 33617 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CALLAN, JOSEPH P 10730 N 56TH STREET SUITE 210 TAMPA, FL 33617		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CALLAN, JOSEPH P. 10730 N 56TH STREET SUITE 210 TAMPA, FL 33617	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ARNHOLZ, CHRISTINA 10730 N 56TH STREET SUITE 210 TAMPA, FL 33617	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>X Joseph P. Callan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____



02262006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-3057249	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000474103
04/04/06-80010-009 150.00

**DO NOT WRITE
IN THIS SPACE**