


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90075 014 ***150.00

DOCUMENT # V33952 1. Entity Name NORTH TAMPA PSYCHIATRIC ASSOCIATES, P.A.	
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Principal Place of Business 16554 DALE MABRY HWY. N TAMPA, FL 33618 US	Mailing Address 16554 DALE MABRY HWY. N TAMPA, FL 33618 US
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DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3122161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 34616

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD EDSON, BRUCE J. 16554 DALE MABRY HWY. N TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SINGH, HARDEEP 16554 DALE MABRY HWY. N TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCBRIDE, MARY 16554 DALE MABRY HWY. N TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <i>SHEEHAN Michael</i> <i>SHEEHAN, MICHAEL</i> 16554 DALE MABRY HWY. N TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

12. 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 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: *[Signature]* 4/27/05 813-962-7126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #