

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V33952

FILED  
Feb 21, 2010  
Secretary of State

**Entity Name:** NORTH TAMPA PSYCHIATRIC ASSOCIATES, P.A.

**Current Principal Place of Business:**

16554 DALE MABRY HWY. N  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

16554 DALE MABRY HWY. N  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 59-3122161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GASSMAN, ALAN S.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 34616 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:** STD  
**Name:** EDSON, BRUCE J.  
**Address:** 16554 DALE MABRY HWY. N  
**City-St-Zip:** TAMPA, FL 33618

**Title:** PD  
**Name:** SINGH, HARDEEP  
**Address:** 16554 DALE MABRY HWY. N  
**City-St-Zip:** TAMPA, FL 33618

**Title:** VD  
**Name:** MCBRIDE, MARY  
**Address:** 16554 DALE MABRY HWY. N  
**City-St-Zip:** TAMPA, FL 33618

**Title:** VD  
**Name:** SHEEHAN, MICHAEL  
**Address:** 16554 DALE MABRY HWY. N  
**City-St-Zip:** TAMPA, FL 33618

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:** HARDEEP SINGH

PRES

02/21/2010

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

\_\_\_\_\_  
Date