2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2012
Secretary of State

DOCUMENT# V33952

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

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 02/14/2012

Electronic Signature of Signing Officer or Director Date