

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157139

FILED
Jul 15, 2008
Secretary of State

Entity Name: YOUTH PSYCHOLOGICAL ASSESSMENT & THERAPY CENTER, INC

Current Principal Place of Business:

710 OAKFIELD DR STE 204
159
BRANDON, FL 33511 US

New Principal Place of Business:

710 OAKFIELD DR STE
159
BRANDON, FL 33511 US

Current Mailing Address:

710 OAKFIELD DR STE 204
159
BRANDON, FL 33511 US

New Mailing Address:

710 OAKFIELD DR STE
159
BRANDON, FL 33511 US

FEI Number: 20-1900378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICK, GARIN D
710 OAKFIELD DR
SUITE 159
BRANDON, FL 33511 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: D () Delete
Name: VICK, GARIN D
Address: 11740 CREST CREEK DRIVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VICK, GARIN D
Address: 9411 LISBON STREET
City-St-Zip: BRANDON, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARIN D. VICK

PRES

07/15/2008

Electronic Signature of Signing Officer or Director

Date