2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P05000162358

Entity Name: VIERA PSYCHOLOGICAL SERVICES, P.A.

Current Principal Place of Business:

1331 BEDFORD DRIVE
SUITE 101
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

375 MILANO LANE
APT. 205
MELBOURNE, FL 32940

New Mailing Address:

1331 BEDFORD DRIVE
SUITE 101
MELBOURNE, FL 32940

FEI Number: 20-3924470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JASON WIESELER, PSY.D.
1331 BEDFORD DRIVE
SUITE 101
MELBOURNE, FL 32940 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: P ( ) Delete
Name: PASQUA M. MARONGIU,, PSY.D.
Address: 375 MILANO LANE APT 205
City-St-Zip: MELBOURNE, FL 32940

Title: VP ( ) Delete
Name: JASON WIESELER, PSY., D.
Address: 375 MILANO LANE APT 205
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PASQUA M. MARONGIU,, PSY.D.
Address: 1331 BEDFORD DRIVE SUITE 101
City-St-Zip: MELBOURNE, FL 32940

Title: VP (X) Change ( ) Addition
Name: JASON WIESELER, PSY., D.
Address: 1331 BEDFORD DRIVE SUITE 101
City-St-Zip: MELBOURNE, FL 32940

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: JASON WIESELER, PSY.D. VP 04/30/2007

Electronic Signature of Signing Officer or Director — Date