

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 12, 2010  
Secretary of State**

DOCUMENT# P05000162358

Entity Name: VIERA PSYCHOLOGICAL SERVICES, P.A.

**Current Principal Place of Business:**

345 SIXTH AVE  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

107 NORTH PALM AVENUE  
INDIALANTIC, FL 32903

**Current Mailing Address:**

345 SIXTH AVE  
INDIALANTIC, FL 32903

**New Mailing Address:**

107 NORTH PALM AVENUE  
INDIALANTIC, FL 32903

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.  
345 SIXTH AVE  
INDIALANTIC, FL 32903      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: P  
Name: PASQUA M. MARONGIU, PSY.D.  
Address: 107 NORTH PALM AVENUE  
City-St-Zip: INDIALANTIC, FL 32903

Title: VP  
Name: JASON WIESELER, PSY.D.  
Address: 345 SIXTH AVE  
City-St-Zip: INDIALANTIC, FL 32903

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: PASQUA M. MARONGIU, PSY.D.

P

03/12/2010

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

\_\_\_\_\_  
Date