

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90014 009 \*\*\*150.00

**DOCUMENT # S37314**

1. Entity Name  
**VISTA PSYCHOLOGICAL SERVICES, P.A.**

Principal Place of Business <b>120 UNIVERSITY PARK DR          SUITE 215          WINTER PARK FL 32792          US</b>	Mailing Address <b>1728 DIAMOND DR          ORLANDO FL 32807-6320</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3053057</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**GIBSON, GLEN W  
 190 UNIVERSITY PARK DRIVE  
 SUITE 215  
 WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME	<b>D</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>GIBSON, GLEN W</b>
CITY-ST-ZIP	<b>120 UNIVERSITY PARK DR WINTER PARK FL 32792</b>
TITLE NAME	<b>D</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>GIBSON, CATHY W</b>
CITY-ST-ZIP	<b>120 UNIVERSITY PARK DR WINTER PARK FL 32792</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cathy W. Gibson **REQUIRED** Date: 3/06/00 Daytime Phone #: 407 657-5800

CR2E034 (9/99)