


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 08:00 AM
Secretary of State


DOCUMENT # S37314
 1. Entity Name
VISTA PSYCHOLOGICAL SERVICES, P.A.



Principal Place of Business
**120 UNIVERSITY PARK DR
 SUITE 215
 WINTER PARK, FL 32792 US**

Mailing Address
**P.O. BOX 4728
 WINTER PARK, FL 32793**

DO NOT WRITE IN THIS SPACE



02232007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**GIBSON, GLEN W
 640 LONDON ROAD
 WINTER PARK, FL 32792**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P	GIBSON, GLEN W 640 LONDON ROAD WINTER PARK, FL 32792
TITLE V	GIBSON, CATHY W 640 LONDON ROAD WINTER PARK, FL 32792
TITLE 	
TITLE 	
TITLE 	
TITLE 	

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 03/19/07-80012-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **2-3607** ⁶⁵⁷ **407-5800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #