

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S37314

FILED  
Apr 12, 2010  
Secretary of State

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

**Current Principal Place of Business:**

120 UNIVERSITY PARK DR  
SUITE 215  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

1964 HOWELL BRANCH ROAD  
SUITE 100  
WINTER PARK, FL 32792 US

**Current Mailing Address:**

P.O. BOX 4728  
WINTER PARK, FL 327934728 US

**New Mailing Address:**

FEI Number: 59-3053057      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GIBSON, CATHERINE W VP  
640 LONDON ROAD  
WINTER PARK, FL 32792 US

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: CATHERINE GIBSON      04/12/2010  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GIBSON, GLENVILLE W  
Address: 640 LONDON ROAD  
City-St-Zip: WINTER PARK, FL 32792 US

Title: VP  
Name: GIBSON, CATHERINE W  
Address: 640 LONDON ROAD  
City-St-Zip: WINTER PARK, FL 32792 US

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: GLENVILLE GIBSON      PRES      04/12/2010  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date