

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K80588

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** ELLINGER AND ELLINGER PSY. D., P.A.

**Current Principal Place of Business:**

16244 S. MILITARY TRAIL, SUITE 460  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

16244 S. MILITARY TRAIL, SUITE 460  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 65-0115845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELLINGER, REBECCA S  
16244 S. MILITARY TRAIL, SUITE 460  
SOUTE 105  
DELRAY BEACH, FL 33484 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: DP  
Name: ELLINGER, REBECCA S.  
Address: 16244 S. MILITARY TRAIL, SUITE 460  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D  
Name: ELLINGER, MARK S.  
Address: 16244 S. MILITARY TRAIL, SUITE 460  
City-St-Zip: DELRAY BEACH, FL 33484

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: REBECCA ELLINGER

PRES

02/01/2012

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

\_\_\_\_\_ Date