


FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K80588
 1. Entity Name
ELLINGER AND ELLINGER PSY.D., P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16244 S. MILITARY TRAIL

3. Mailing Address
16244 S. MILITARY TRAIL

Suite, Apt. #, etc.
SUITE 460

Suite, Apt. #, etc.
SUITE 460

City & State
DELRAY BEACH FL

City & State
DELRAY BEACH FL

Zip
33484

Country

Zip
33484

Country

4. FEI Number
65-0115845

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

SIGNATURE *Rebecca Ellinger* DATE *4/22/03*

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when relinquishing)

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ELLINGER, REBECCA S. 16244 S. MILITARY TRAIL #460 DELRAY BEACH FL 33484 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELLINGER, MARK S. 16244 S. MILITARY TRAIL #460 DELRAY BEACH FL 33484 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rebecca Ellinger* DATE: *4/22/03* 561-498530

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

CR2E034B (12/02)