

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009548

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CAROLINE BULLEN, PSY.D., P.A.

## Current Principal Place of Business:

1224 SOUTH FEDERAL HWY  
LAKE WORTH, FL 33460

## New Principal Place of Business:

7301 'A' W. PALMETTO PARK RD.  
304 B  
BOCA RATON, FL 33433

## Current Mailing Address:

1224 SOUTH FEDERAL HWY  
LAKE WORTH, FL 33460

## New Mailing Address:

7301 'A' W. PALMETTO PARK RD.  
304 B  
BOCA RATON, FL 33433

FEI Number: 30-0143957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BULLEN, CAROLINE  
1224 SOUTH FEDERAL HWY  
LAKE WORTH, FL 33460 US

## Name and Address of New Registered Agent:

BULLEN, CAROLINE PSYDPA  
7301 'A' W. PALMETTO PARK RD.  
304 B  
BOCA RATON, FL 33433 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: DR. CAROLINE BULLEN

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: BULLEN, CAROLINE PSY.D.  
Address: 1224 SOUTH FEDERAL HWY  
City-St-Zip: LAKE WORTH, FL 33460

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: BULLEN, CAROLINE PSY.D.  
Address: 7301 'A' W. PALMETTO PARK RD. STE 304B  
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROLINE BULLEN

DR.

04/28/2009

Electronic Signature of Signing Officer or Director

Date