

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 458971

FILED
Apr 28, 2009
Secretary of State

Entity Name: T. TERRY CHUTINAN, M.D., P.A.

Current Principal Place of Business:

800 N. HIGHWAY 434, SUITE 4
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

800 N. HIGHWAY 434,
SUITE #4
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

800 N. HIGHWAY 434, SUITE 4
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

800 N. HIGHWAY 434,
SUITE #4
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-1555221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHUTINAN, T. TERRY, M.D.
800 N. HIGHWAY 434
SUITE 4
ALTAMONTE SPRINGS, FL 32714 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHUTINAN, T. TERRY
Address: 800 N. HWY 434, STE 4
City-St-Zip: ALTAMONTE SPRGS., FL

Title: S () Delete
Name: CHUTINAN, KUNNIKA
Address: 800 N. HWY 434
City-St-Zip: ALTAMONTE SPRGS., FL

Title: D () Delete
Name: CHUTINAN, GRACE
Address: 800 N. HWY 434, STE 4
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: D () Delete
Name: CHUTINAN, PETER
Address: 800 N. HWY 434, STE 4
City-St-Zip: ALTAMONTE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: T. TERRY CHUTINAN, M.D.

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date