

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 458971

Entity Name: T. TERRY CHUTINAN, M.D., P.A.**Current 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**FEI Number:** 59-1555221**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHUTINAN, T. TERRY, M.D.
800 N. HIGHWAY 434
SUITE 4
ALTAMONTE SPRINGS, FL 32714 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title	S
Name	CHUTINAN, KUNNIKA
Address	800 N. HWY 434
City-State-Zip:	ALTAMONTE SPRGS. FL

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

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: KUNNIKA CHUTINAN

S

04/20/2021

Electronic Signature of Signing Officer/Director Detail

Date