

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000093543

**Entity Name:** GUTTER M.D. INC

**Current Principal Place of Business:**

325 NW 3 COURT  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

325 NW 3 COURT  
DEERFIELD BEACH, FL 33441

**FEI Number:** 26-0156492

**Certificate of Status Desired:** No

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

CLARK, ROXANNE N  
325 NW 3 COURT  
DEERFIELD BEACH, FL 33063-3441 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            V  
Name            CLARK, DORIAN A  
Address         325 NW 3 COURT  
City-State-Zip: DEERFIELD BEACH FL 33441

Title            P  
Name            CLARK, ROXANNE N  
Address         325 NW 3 COURT  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** ROXANNE CLARK

**PRES**

**04/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date