

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 512981

1. Corporation Name

COHAN, CUTLER & SINGER, M.D., P.A.

Principal Place of Business

Mailing Address

16800 NORTHWEST 2ND AVE. 16800 NORTHWEST 2ND AVE.  
ROOM 306 ROOM 306  
MIAMI, FLORIDA 33169 MIAMI, FLORIDA 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/1/76

4. FEI Number

59-1691585

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

COHAN, VAUGHN D.  
16800 N.W. 2ND AVENUE  
ROOM 306  
MIAMI, FLORIDA 33169

81 Name

BARRY J. CUTLER

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

16800 N.W. 2ND AVENUE

83

ROOM 306

84 City

MIAMI, FLORIDA

FL

85 Zip Code

33169

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Barry J. Cutler*

BARRY J. CUTLER

9-30-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VDS ☐ DELETE

NAME CUTLER, BARRY J.  
STREET ADDRESS 16800 N.W. 2ND AVE.  
CITY-ST-ZIP MIAMI, FLORIDA 33169

TITLE VD ☐ DELETE

NAME SINGER, RICHARD P.  
STREET ADDRESS 16800 N.W. 2ND AVE.  
CITY-ST-ZIP MIAMI, FLORIDA 33169

TITLE PDT ☒ DELETE

NAME COHAN, VAUGHN D.  
STREET ADDRESS 16800 N.W. 2ND AVE.  
CITY-ST-ZIP MIAMI, FLORIDA 33169

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition

12 NAME CUTLER, BARRY J.  
13 STREET ADDRESS 16800 N.W. 2ND AVE., ROOM 306  
14 CITY-ST-ZIP MIAMI, FLORIDA 33169

21 TITLE VSTD ☒ Change ☐ Addition

22 NAME SINGER, RICHARD P.  
23 STREET ADDRESS 16800 N.W. 2ND AVE., ROOM 306  
24 CITY-ST-ZIP MIAMI, FLORIDA 33169

31 TITLE ☐ Change ☐ Addition

32 NAME 800003006358-2  
33 STREET ADDRESS -10/05/99-01105-004  
34 CITY-ST-ZIP \*\*\*\*\*70.00 \*\*\*\*\*70.00

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition  
43 STREET ADDRESS ☐ Change ☐ Addition  
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition  
53 STREET ADDRESS ☐ Change ☐ Addition  
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition  
63 STREET ADDRESS ☐ Change ☐ Addition  
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Barry J. Cutler*

BARRY J. CUTLER, PRESIDENT

9-30-99

305-652-3062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #