

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2003 8:00 am**  
**Secretary of State**

08-06-2003 90059 022 \*\*\*550.00  
03-17-2003 91063 035 \*\*\*\*\*55.00

0057470 AV

**DOCUMENT # 512981**

1. Entity Name  
**CUTLER & SINGER, M.D., P.A.**



Principal Place of Business  
**16800 NORTHWEST 2ND AVENUE.. ROOM 306  
MIAMI FL 33169**

Mailing Address  
**16800 NORTHWEST 2ND AVENUE.. ROOM 306  
MIAMI FL 33169**



2. Principal Place of Business  
**601 NORTH FLAMINGO ROAD**

3. Mailing Address  
**601 NORTH FLAMINGO ROAD**

Suite, Apt. #, etc.  
**SUITE 202**

Suite, Apt. #, etc.  
**SUITE 202**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**PEMBROKE PINES, FL**

City & State  
**PEMBROKE PINES, FL**

4. FEI Number **59-1691585**

Applied For  
☐ Not Applicable

Zip  
**33028**

Country  
**BROWARD**

Zip  
**33028**

Country  
**BROWARD**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CUTLER, BARRY J**  
**16800 NORTHWEST 2ND AVENUE, ROOM 306**  
**MIAMI FL 33169**

**601 N FLAMINGO RD**  
**SUITE 202**  
**PEMBROKE PINES,**  
**FL 33028**

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br><b>CUTLER, BARRY J</b><br><b>16800 NORTHWEST 2ND AVENUE., ROOM 306</b><br><b>MIAMI FL 33169</b>     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSTD<br><b>SINGER, RICHARD P</b><br><b>16800 NORTHWEST 2ND AVENUE., ROOM 306</b><br><b>MIAMI FL 33169</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>601 NORTH FLAMINGO ROAD / SUITE 202</b><br><b>PEMBROKE PINES, FL 33028</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>601 NORTH FLAMINGO ROAD / SUITE 202</b><br><b>PEMBROKE PINES, FL 33028</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

7/30/03 954 433-7440

CR2E034 (4/03)