SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 27 AM 10: 18
TALLAHASSEE, FLORIDA

DOCUMENT # 600943 (5)

1. Corporation Name

EDWARD L. CUTLER M.D., F.A.C.P., PROFESSIONAL AS SOCIATION

Principal Place of Business: 8780 S W 92ND ST, SUITE 200, MIAMI FL 33176

Mailing Address: 8780 S W 92ND ST. SUITE 200, MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

	Principal Place of Business (2)	Mailing Address (2a)
Street	6701 Sunset Drive	6701 Sunset Drive
Suite, Apt #, etc	Suite 200-A	Suite 200-A
City & State	Miami, Florida	Miami, Florida
Zip	33143	33143
Country	U.S.A.	U.S.A.

3. Date Incorporated or Qualified: 04/16/1969
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-1260395 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CUTLER, EDWARD L., M.D.
8780 S.W. 92 ST., STE 200
MIAMI FL 33176

10. Name and Address of New Registered Agent

Name: EDWARD L. CUTLER, M.D.
Street Address (P.O. Box Number is Not Acceptable): 6701 Sunset Drive
Suite 200-A
City: Miami FL Zip Code: 33143

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: Edward L. Cutler, M.D., FACP, Professional Association — Edward L. Cutler, M.D. F.A.C.P., Professional Assoc. DATE 6/13/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	P.A. PRESIDENT ☒ Change ☐ Addition
NAME	CUTLER,EDWARD L	NAME	Cutler, Edward L.
STREET ADDRESS	8780 S.W. 92ND ST #200	STREET ADDRESS	6701 Sunset Drive #200-A
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami, Florida 33143
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Edward L. Cutler, M.D. EDWARD L. CUTLER, M.D. 6/13/95 (305)274-9274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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