

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600943

1. Entity Name

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

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90048 026 ***150.00

Principal Place of Business

6701 SUNSET DR
STE 200-A
MIAMI FL 33143
US

Mailing Address

6701 SUNSET DR
STE 200-A
MIAMI F. 33143
US

2. Principal Place of Business

8950 SW 88 Street

Suite, Apt. #, etc.

405

City & State

Miami, FL

Zip

33176

Country

U.S.A.

3. Mailing Address

8950 SW 88 Street

Suite, Apt. #, etc.

405

City & State

Miami, FL

Zip

33176

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1260395

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CUTLER, EDWARD L MD
6701 SUNSET DR
STE 200-A
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

Cutler, Edward L. M.D.

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

8950 SW 88 Street

Suite 405

City

Miami

FL

Zip Code 33176

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PAP
NAME CUTLER, EDWARD L
STREET ADDRESS 6701 SUNSET DR STE 200-A
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PAP ☒ Change ☐ Addition
NAME Cutler, Edward L.
STREET ADDRESS 8950 SW 88 Street, Suite 405
CITY-ST-ZIP Miami, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward L. Cutler, M.D. EDWARD L. CUTLER, M.D., April 19, 2001 (305) 274-9274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)