

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90010 037 \*\*\*550.00

DOCUMENT # **M99020**

1. Corporation Name

**MARY B. MCCUTCHEN, M.S., P.A.**



Principal Place of Business

3021 SW 27TH AVE.  
OCALA FL 34474  
US

Mailing Address

3021 SW 27TH AVENUE  
1109 S.W. 96TH ST.  
OCALA FL 34474  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/19/1988**

4. FEI Number

**59-2911931**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**MCCUTCHEN, MARY B.**  
**1109 S.W. 96TH ST.**  
**GAINESVILLE FL 32607**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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 **P** ☐ DELETE  
NAME **MCCUTCHEN, MARY B.**  
STREET ADDRESS **1109 SW 96TH ST**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **T** ☐ DELETE  
NAME **MCCUTCHEN, WILLIAM N.**  
STREET ADDRESS **1109 S.W. 96TH STREET**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

*MARY B. MCCUTCHEN, M.S., P.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-7-99**

CR2E034 (5/99)

0104964

Mary B. McCutchen, M.S., P.A.

Licensed Marriage and Family Therapist

3021 S.W. 27th Avenue

Ocala, Florida 34474

(904) 237-3440

ma9020

596231-9000-37

July 12, 1999

Annual Reports Filing  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madame:

I called your office as soon as I received the second notice reporting that I believed that I had paid the first notice. I can find no evidence of having paid. I have enclosed a check for \$550.00

My error has caused a real burden. I have missed a lot of work this year because of hospitalization earlier. If there is any way I could get relief from the penalty I would appreciate your help.

Sincerely,

Mary B. McCutchen