

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90004 047 ***150.00

DOCUMENT # P00000014518

1. Entity Name
ROBERT S. CUTLER, D.O., P.A.



Principal Place of Business
**2047 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409**

Mailing Address
**PO BOX 31684
PALM BEACH GARDENS, FL 33420**

54067453



2. Principal Place of Business
10115 W FOREST HILL BLVD

3. Mailing Address
PO BOX 211465

Suite, Apt. #, etc.
SUITE 401

Suite, Apt. #, etc.

07242004 Chg-P CR2E034 (10/03)

City & State
WELLINGTON, FL

City & State
ROYAL PALM BEACH, FL

Zip
33414

Country
U.S.A.

Zip
33421

Country
USA

4. FEI Number
65-0981572

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**CUTLER, ROBERT
107 MARLBERRY CIR
JUPITER, FL 33458**

7. Name and Address of New Registered Agent
Name
ROBERT CUTLER
Street Address (P.O. Box Number is Not Acceptable)
155 SE GOVIA WAY
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 **X** *[Signature]* DATE **X** **7/28/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUTLER, ROBERT S.O.D. 107 MARLBERRY CIRCLE JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CUTLER, Robert S. D.O. 155 SE GOVIA WAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 the same like empowered.

SIGNATURE: **X** *[Signature]* DATE **X** **7/28/04** DAYTIME PHONE # **X** **561-8475000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR