

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90139 031 ***150.00

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1. Entity Name

ROBERT S. CUTLER, D.O., P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Robert S Cutler DO
2047 Palm Beach Lakes Blvd
West Palm Beach FL 33409

3. Mailing Address

PO Box 31684
Palm Beach Gardens FL 33420

DO NOT WRITE IN THIS SPACE

Zip
33409

Country
USA

Zip
33420

Country
USA

4. FEI Number

65-0981572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ROBERT CUTLER

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

City JUPITER

FL

Zip Code
33458

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROBERT CUTLER 107 MARLBERRY CIRCLE JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like information.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Cutler, Pres

V-13-2003

Date

Daytime Phone #

561-
746-7811

CR2E034B (12/02)