


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000032413	
1. Entity Name ANDREW J CUTLER, M.D., P.A.	

Principal Place of Business 807 W MORSE BLVD STE 101 WINTER PARK, FL 32789	Mailing Address 807 W MORSE BLVD STE 101 WINTER PARK, FL 32789
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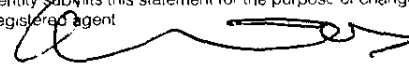
03252004 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-3503605	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent POHL & SHORT, P.A. % FRANK L. POHL, ESQ. 280 W. CANTON AVE., STE. 410 WINTER PARK, FL 32789

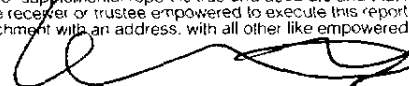
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  ANDREW J. CUTLER, MD	DATE 15/MAR/2004
<small>Signature typed or printed name of registered agent and date if applicable</small>	<small>NOTE: Registered Agent signature required when reinstating. DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000110739 04/12/04-80095-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P CUTLER, ANDREW J 807 W. MORSE BLVD., STE. 101 WINTER PARK, FL 32789
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  ANDREW J. CUTLER, MD	DATE 15/MAR/2004 DAYTIME PHONE # 407-644-1165
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>DATE DAYTIME PHONE #</small>