## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P99000091370

1. Entity Name SCOTT LUTTGE, M.D., P.A.



Principal Place of Business

5162 LINTON BLVD

STE 202 DELRAY BEACH, FL 33484 Mailing Address

5162 LINTON BLVD

STE 202 DELRAY BEACH, FL 33484

## **FILED** Feb 01, 2005 8:00 am Secretary of State

02-01-2005 90024 028 \*\*\*150.00

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## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01142005	No Chg-P	CR2E034 (10/03)		
4. FEI Number			Applied For	
65-0964	376	Γ	Not Applicab	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

SHADOWITZ ASSOCIATES PA

551 NW 77TH STREET STE 102

SIGNATURE:

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BOCA RATON, FL 33487		IN THIS SPACE			
D. The shave			1-40-		
the obligat	named entity submits this statement for the plants of registered agent.	surpose of changing its registere	ad office or registered agent, or bo	th, in the State of Florida. I am familiar with, a	ind accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Ageni signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	_ <b>+0.00</b> ma, co		
10.	OFFICERS AND DIREC	CTORS			<del> </del>
TITLE	D			· · ·	
NAME	LUTTGE, SCOTT				
STREET ADDRESS	5162 LINTON BLVD		· ·		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		,		
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12. I hereby o	Legify that the information supplied with this fi	ling does not qualify for the ever	notion stated in Section 119 07/2V	(i), Florida Statutes. I further certify that the inf	
indicated of the cor changed,	on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attactment with an address, with all	and accurate and that my signat to execute this report as required other the empowered.	ure shall have the same legal effected by Chapter 607, Florida Statute	the interest of the interest o	r director Block 11 if

SIGNING OFFICER OR DIE