

DOCUMENT # P99000091370

SCOTT LUTTGE, M.D., P.A.



07-21-2003 90140 016 ***150.00

X091224 AV

Mailing Address
5162 LINTON BLVD
STE 202
DELRAY BEACH FL 33484

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

7. Name and Address of New Registered Agent

Name _____

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

City

FL

Zip Codes

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 registering)

ENV

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1991

TITLE	D	<input type="checkbox"/> Delete
NAME	LUTTGE, SCOTT	
STREET ADDRESS	5162 LINTON BLVD	
CITY-STATE-ZIP	DELRAY BEACH FL 33484	

TIME	NAME	STREET ADDRESS	CITY-STATE	ZIP	<input type="checkbox"/> Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

FILE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Address
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Remove
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Move
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> AddNew
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Address
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 of the channel, or on an attachment with an address, with all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Luttrell, President 561 499 9200

All attached
SCOTT LUTTGE, M.D., P.A.
UROLOGY
GENITO-URINARY ONCOLOGY

55053108
#P99000091370

Medical Center at Delray
5162 Linton Boulevard
Suite 202
Delray Beach, Florida 33484

Office Phone
(561) 499-9200
Fax
(561) 499-9553

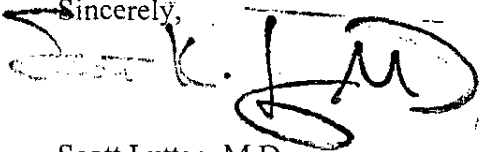
July 11, 2003

Florida Department of State
Division of Corporations
Uniform Business Report
PO Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

Please see the completed application and the check enclosed for \$150.00. I received this application for completion on July 2, 2003. I received no other notice this year. Please accept the \$150.00 as payment in full.

Sincerely,



Scott Luttge, M.D.

Attachment
SCOTT LUTTGE, M.D., P.A.
UROLOGY
GENITO-URINARY ONCOLOGY

Medical Center at Delray
5162 Linton Boulevard
Suite 202
Delray Beach, Florida 33484

Office Phone
(561) 499-9200
Fax
(561) 499-9553

55053168
#P99000091370

August 1, 2003

Florida Department of State
Divisions of Corporations
Uniform Business Report
PO Box 1500
Tallahassee, FL 32302-1500

Attn: Justin
Ref# P99000091370

Dear Justin,

This letter is in reference to our telephone conversation of 7/28/03. I informed you that I our application was returned to us and showed a balance of \$400.00 for a late fee. You will find a copy of the original letter I sent with the completed application and check for \$150.00. In that letter I explained that we never received a first notice. You instructed me to send you a letter and an explanation of the chain of events and you assured me that you would handle the processing of the application.

Thank you for your assistance in this matter.

Sincerely,

Colleen Crisafulli
Colleen Crisafulli
Office Manager