

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V27445 (8)

1. Corporation Name
ROBERT A. KUTNER, PSY.D. AND ASSOCIATES, P.A.

Principal Place of Business 201 SE 8 AVENUE FT. LAUDERDALE FL 33301 US	Mailing Address 201 SE 8 AVENUE FT. LAUDERDALE FL 33301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 800 E. Broward Blvd.	26 SAME			04/06/1992	
22 Suite 104	27	4. FEI Number		Applied For	
23 Ft. Lauderdale, FL	28	65-0329439		Not Applicable	
24 33301	25 US	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
	29	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KUTNER, ROBERT A.
4208 SW 140 TERRACE
SUNRISE FL 33320

10. Name and Address of New Registered Agent

81 Name	Robert A. Kutner Psy.D.	
82 Street Address (P.O. Box Number is Not Acceptable)	5385 SW 40 Ave. #101	
83		
84 City	Ft. Lauderdale	FL
85 Zip Code	33314	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 1/6/98

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

12. OFFICERS AND DIRECTORS		DELETE
TITLE	BP- KUTNER, ROBERT A. PSY.D.	<input type="checkbox"/>
NAME		
STREET ADDRESS	201 SE 8TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	DR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	KUTNER, ROBERT A. PSY.D.		
1.3 STREET ADDRESS	800 E. Broward Blvd - Suite 104		
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

1/6/98 (954) 523-3222

CR2E034 (10/97)