

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V27445

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** ROBERT A. KUTNER, PSY.D. AND ASSOCIATES, P.A.

**Current Principal Place of Business:**

611 S FEDERAL HWY  
STE J  
STUART, FL 34994 US

**New Principal Place of Business:**

6628 SKY POINTE DR  
SUITE 125  
LAS VEGAS, NV 89131 US

**Current Mailing Address:**

611 S FEDERAL HWY  
STE J  
STUART, FL 34994 US

**New Mailing Address:**

6628 SKY POINTE DR  
SUITE 125  
LAS VEGAS, NV 89131 US

FEI Number: 65-0329439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERT A. KUTNER, PSY.D. & ASSOCIATES, P.A  
611 S FEDERAL HWY  
STE C  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

ROBERT A. KUTNER, PSY.D. & ASSOCIATES, P.A  
2582 PINELAND DR  
PORT SAINT LUCIE, FL 34952 US

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.

SIGNATURE: ROBERT A. KUTNER

04/09/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: KUTNER, ROBERT A  
Address: 6628 SKY POINTE DR  
City-St-Zip: LAS VEGAS, NV 89131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT A. KUTNER

DR.

04/09/2010

Electronic Signature of Signing Officer or Director

Date