

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J33797

**Entity Name:** SCOTT G. CUTLER, M.D., P.A.

**Current Principal Place of Business:**

4321 N. MACDILL AVENUE  
SUITE 303  
TAMPA, FL 33607-6390

**Current Mailing Address:**

4321 N. MACDILL AVENUE  
SUITE 303  
TAMPA, FL 33607-6390 US

**FEI Number:** 59-2716101

**Certificate of Status Desired:** No

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

CUTLER, SCOTT G.  
4321 N MACDILL AVENUE  
SUITE 303  
TAMPA, FL 33607-6390 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSD  
Name CUTLER, SCOTT G.  
Address 4321 N MACDILL AVENUE  
SUITE 303  
City-State-Zip: TAMPA FL 33607-6390

*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:** SCOTT CUTLER

**PRESIDENT**

**01/22/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date