

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V27445

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

**Current Principal Place of Business:**

3890 W ANN RD  
NORTH LAS VEGAS, NV 89031-4417

**Current Mailing Address:**

3890 W ANN RD  
NORTH LAS VEGAS, NV 89031-4417 US

**FEI Number:** 65-0329439

**Certificate of Status Desired:** No

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

KUTNER, ROBERT A  
2906 E CHELSEA ST  
TAMPA, FL 33610 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 DR  
Name KUTNER, ROBERT A  
Address 3890 W ANN RD  
City-State-Zip: NORTH LAS VEGAS NV 89031-4417

*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 KUTNER

**OWNER**

**02/05/2024**

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

\_\_\_\_\_  
Date