

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V27445

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

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC2287782747**

**Current Principal Place of Business:**

5135 CAMINO AL NORTE  
SUITE 273  
NORTH LAS VEGAS, NV 89031

**Current Mailing Address:**

5135 CAMINO AL NORTE  
SUITE 273  
NORTH LAS VEGAS, NV 89031 US

**FEI Number: 65-0329439**

**Certificate of Status Desired: No**

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

KUTNER, ROBERT A  
3135 1ST PL  
VERO BEACH, FL 32968 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 5135 CAMINO AL NORTE  
SUITE 273  
City-State-Zip: NORTH LAS VEGAS NV 89031

*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 PSYD**

**PRESIDENT**

**01/27/2016**

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

\_\_\_\_\_  
Date