

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 462415

1. Corporation Name

GABINO S. CUEVAS, M.D., P.A.

Principal Place of Business

2815 SOUTH SEACREST BLVD.
PATHOLOGY DEPARTMENT
BOYNTON BEACH FL 33435

Mailing Address

2815 SOUTH SEACREST BLVD.
PATHOLOGY DEPARTMENT
BOYNTON BEACH FL 33435

FILED
Feb 09, 1999 8:00am
Secretary of State

02-09-1999 90026 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1974

4. FEI Number

59-1565158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUEVAS, GABINO S M.D.
2815 SOUTH SEACREST BLVD.
PATHOLOGY DEPARTMENT
BOYNTON BEACH FL 33435

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CUEVAS, GABINO S MD
STREET ADDRESS 2815 SOUTH SEACREST BOULEVARD
CITY-ST-ZIP BOYNTON BEACH FL 33435

☐ DELETE

TITLE SD
NAME OLIVELLA, JOSE E MD
STREET ADDRESS 2815 SOUTH SEACREST BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33435

☐ DELETE

TITLE D
NAME BRITO, MIGUEL MD
STREET ADDRESS 2815 SOUTH SEACREST BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33435

☐ DELETE

TITLE D
NAME ROBINSON, PHILIP G M.D.
STREET ADDRESS 2815 S SEACREST BLVD
CITY-ST-ZIP BOYNTON BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

GABINO S. CUEVAS, M.D. 1-5-99

Date

Daytime Phone #

CR2E034 (1/98)