2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# 462415

Entity Name: GABINO S. CUEVAS, M.D., P.A.

Current Principal Place of Business:

2815 SOUTH SEACREST BLVD.
PATHOLOGY DEPARTMENT
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

2815 SOUTH SEACREST BLVD.
PATHOLOGY DEPARTMENT
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 59-1565158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CUEVAS, GABINO S MD	
Address:	2815 SOUTH SEACREST BOULEVARD	
City-St-Zip:	BOYNTON BEACH, FL 33435 PB	
Title:	SD	( ) Delete
Name:	OLIVELLA, JOSE E MD	
Address:	2815 SOUTH SEACREST BLVD.	
City-St-Zip:	BOYNTON BEACH, FL 33435 PB	
Title:	D	( ) Delete
Name:	GEORGE, WANG MD	
Address:	2815 SOUTH SEACREST BLVD.	
City-St-Zip:	BOYNTON BEACH, FL 33435 PB	
Title:	D	( ) Delete
Name:	RABIONET, PEDRO A	
Address:	2815 S SEACREST BLVD	
City-St-Zip:	BOYNTON BEACH, FL 33435 PB	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	SD	(X) Change ( ) Addition
Name:	CUEVAS, GABINO S MD	
Address:	2815 SOUTH SEACREST BOULEVARD	
City-St-Zip:	BOYNTON BEACH, FL 33435 PB	
Title:	PD	(X) Change ( ) Addition
Name:	OLIVELLA, JOSE E MD	
Address:	2815 SOUTH SEACREST BLVD.	
City-St-Zip:	BOYNTON BEACH, FL 33435 PB	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: J.E. OLIVELLA, M.D. PD 01/07/2008

Electronic Signature of Signing Officer or Director — Date