# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 10, 2011**
**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

**OFFICERS AND DIRECTORS:**

Title: D
Name: CUEVAS, GABINO S MD
Address: 2815 SOUTH SEACREST BOULEVARD
City-St-Zip: BOYNTON BEACH, FL 33435 PB

Title: PD
Name: OLIVELLA, JOSE E MD
Address: 2815 SOUTH SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435 PB

Title: S
Name: GEORGE, WANG MD
Address: 2815 SOUTH SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435 PB

Title: VP
Name: RABIONET, PEDRO A
Address: 2815 S SEACREST BLVD
City-St-Zip: BOYNTON BEACH, FL 33435 PB

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: J.E. OLIVELLA, M.D. P 01/10/2011

Electronic Signature of Signing Officer or Director — Date