## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 462415** 

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

FILED Jan 26, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

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

CUEVAS, GABINO S M.D.

2815 SOUTH SEACREST BLVD.

PATHOLOGY DEPARTMENT

BOYNTON BEACH, FL 33435 US

OLIVELLA, JOSE E M.D.

2815 SOUTH SEACREST BLVD.

PATHOLOGY DEPARTMENT

BOYNTON BEACH, FL 33435 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: JOSE E. OLIVELLA, MD 01/26/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: [

Name: CUEVAS, GABINO S MD

Address: 2815 SOUTH SEACREST BOULEVARD City-St-Zip: BOYNTON BEACH, FL 33435 PB

Title: P-D

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: JOSE E, OLIVELLA, M.D. PRES 01/26/2012