

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079005

FILED
Sep 30, 2004
Secretary of State

Entity Name: FELIPE L. CUBAS, M.D. & ASSOCIATES, P.A.

Current Principal Place of Business:

853 TANGLEWOOD CIRCLE
WESTON, FL 33327

New Principal Place of Business:

6870 DYKES ROAD
SOUTHWEST RANCES, FL 33331

Current Mailing Address:

853 TANGLEWOOD CIRCLE
WESTON, FL 33327

New Mailing Address:

6870 DYKES ROAD
SOUTHWEST RANCES, FL 33331

FEI Number: 65-1128508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUBAS, FELIPE L
853 TANGLEWOOD CIRCLE
WESTON, FL 33327

Name and Address of New Registered Agent:

CUBAS, FELIPE L
6870 DYKES ROAD
SOUTHWEST RANCHES, FL 33331

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: FELIPE CUBAS

09/30/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CUBAS, FELIPE L
Address: 853 TANGLEWOOD CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CUBAS, FELIPE L
Address: 6870 DYKES ROAD
City-St-Zip: SOUTHWEST RANCHES, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FELIPE CUBAS

DR.

09/30/2004

Electronic Signature of Signing Officer or Director

Date