2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P04000140948

Entity Name: ANIBAL CUEVAS, M.D., P.A.

Current Principal Place of Business:

8802 FAZIO CT.
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 48246
TAMPA, FL 33647

New Mailing Address:

4600 N. HABANA AVE
SUITE 27
TAMPA, FL 33614

FEI Number: 20-1740244 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUEVAS, ANIBAL
8802 FAZIO COURT
TAMPA, FL 33647 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: D ( ) Delete
Name: CUEVAS, ANIBAL
Address: 8802 FAZIO CT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: COLLEEN LAWLER MGR 03/24/2009
Electronic Signature of Signing Officer or Director Date