

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000097193

Entity Name: W. CUBIDES, M.D., P.A.

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1405 CREEK NINE DR.  
NORTH PORT, FL 34291

**New Principal Place of Business:**

7350 S. TAMiami TRAIL #202  
SARASOTA, FL 34231

**Current Mailing Address:**

1405 CREEK NINE DR.  
NORTH PORT, FL 34291

**New Mailing Address:**

7350 S. TAMiami TRAIL #202  
SARASOTA, FL 34231

FEI Number: 20-5583620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CUBIDES, WILLIAM D  
1405 CREEK NINE DR.  
NORTH PORT, FL 34291 US

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

PALM TREE TAX & CONSULTING, INC.  
3859 BEE RIDGE ROAD  
SUITE 101  
SARASOTA, FL 34233 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: JODIE CONGDON

02/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CUBIDES, WILLIAM D  
Address: 7350 S TAMiami TRAIL #202  
City-St-Zip: SARASOTA, FL 34231

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: WILLIAM D CUBIDES

PD

02/21/2012

Electronic Signature of Signing Officer or Director

Date