2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2011
Secretary of State

DOCUMENT# P97000033483

Entity Name: CUBICHE, INC.

Current Principal Place of Business:

851 CHICOPIT LANE
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

851 CHICOPIT LANE
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3455510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER,WHITE,BOGGS,BANKER
50 NORTH LAURA STREET,SUITE 2200
JACKSONVILLE, FL 32202 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: P
Name: SILVA, ENRIQUE M MD
Address: 851 CHICOPIT LN
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP
Name: QUINTANA, JUAN C MD
Address: 2297 OCEAN SIDE CT
City-St-Zip: ATLANTIC BCH, FL 32233

Title: T
Name: SILVA, BARBARA B
Address: 851 CHICOPIT LN
City-St-Zip: JACKSONVILLE, FL 32225

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: BARBARA SILVA T 03/10/2011

Electronic Signature of Signing Officer or Director — Date