

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 462415

Entity Name: GABINO S. CUEVAS, M.D., P.A.**Current Principal Place of Business:**2815 SOUTH SEACREST BLVD.
PATHOLOGY DEPARTMENT
BOYNTON BEACH, FL 33435**Current Mailing Address:**2815 SOUTH SEACREST BLVD.
PATHOLOGY DEPARTMENT
BOYNTON BEACH, FL 33435**FEI Number:** 59-1565158**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OLIVELLA, JOSE EM.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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P-D
Name OLIVELLA, JOSE E MD
Address 2815 S SEACREST BLVD.
City-State-Zip: BOYNTON BEACH FL 33435

Title VP-D
Name RABIONET, PEDRO A MD
Address 2815 S. SEACREST BLVD.
City-State-Zip: BOYNTON BEACH FL 33435

Title DIRECTOR
Name OLIVELLA, JENNIFER E DO
Address 2815 SOUTH SEACREST BLVD.
PATHOLOGY DEPARTMENT
City-State-Zip: BOYNTON BEACH FL 33435

Title T-D
Name GEORGE, WANG G MD
Address 2815 SOUTH SEACREST BLVD.
PATHOLOGY DEPARTMENT
City-State-Zip: BOYNTON BEACH FL 33435

Title S-D
Name BENGTON, KENNETH E MD
Address 2815 SOUTH SEACREST BLVD.
PATHOLOGY DEPARTMENT
City-State-Zip: BOYNTON BEACH FL 33435

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, MD**PRESIDENT****01/16/2020**

Electronic Signature of Signing Officer/Director Detail

Date