

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000016298

**Entity Name:** JACOBO A. CRUZ, M.D., P.A.

**Current Principal Place of Business:**

4400 BAYOU BLVD  
SUITE 51  
PENSACOLA, FL 32503

**Current Mailing Address:**

4400 BAYOU BLVD  
SUITE 51  
PENSACOLA, FL 32503

**FEI Number:** 02-0534427

**Certificate of Status Desired:** No

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

CRUZ, JACOBO AMD  
4400 BAYOU BLVD  
SUITE 51  
PENSACOLA, FL 32503 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 DCS  
Name CRUZ, JACOBO A  
Address 4400 BAYOU BLVD STE 51  
City-State-Zip: PENSACOLA FL 32503

*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:** JACOBO A. CRUZ, M. D.

**PRESIDENT**

**04/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date