

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41093

FILED
Mar 13, 2009
Secretary of State

Entity Name: CORDOVA INJURY CLINIC, P.A.

Current Principal Place of Business:

4006 N NINTH AVE
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4006 N NINTH AVE
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-2486889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOULDS, RYAN DR.
4006 N NINTH AVE
PENSACOLA, FL 32503 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: PD () Delete
Name: MOULDS, RYAN DR
Address: 4006 N NINTH AVE.
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOULDS, RYAN DR
Address: 4006 N NINTH AVE.
City-St-Zip: PENSACOLA, FL 32503

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: DR. RYAN MOULDS

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date