

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41093

**FILED**  
**Apr 23, 2010**  
**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  
Name: MOULDS, RYAN DR  
Address: 4006 N NINTH AVE.  
City-St-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: DR. RYAN L. MOULDS

PD

04/23/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date