2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2011
Secretary of State

DOCUMENT# H41093

Entity Name: CORDOVA INJURY CLINIC, P.A.

Current Principal Place of Business:

4006 N NINTH AVE
PENSACOLA, FL 32503

New Principal Place of Business:

5599 NORTH W STREET
PENSACOLA, FL 32505

Current Mailing Address:

4006 N NINTH AVE
PENSACOLA, FL 32503

New Mailing Address:

5599 NORTH W STREET
PENSACOLA, FL 32505

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:

MOULDS, RYAN
5599 NORTH W STREET
PENSACOLA, FL 32505 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: DR. RYAN MOULDS 01/14/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MOULDS, RYAN L
Address: 5599 NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505

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 MOULDS PD 01/14/2011
Electronic Signature of Signing Officer or Director Date