# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 22, 2012**
**Secretary of State**

DOCUMENT# H41093

**Entity Name:** CORDOVA INJURY CLINIC, P.A.

**Current Principal Place of Business:**

5599 NORTH W STREET
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

5599 NORTH W STREET
PENSACOLA, FL 32505

**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
5599 NORTH W STREET
PENSACOLA, FL 32505 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

**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: RYAN L MOULDS PD 02/22/2012

Electronic Signature of Signing Officer or Director — Date