

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J72887

FILED  
Apr 26, 2012  
Secretary of State

Entity Name: ANDREW I. COBO, D.M.D., P.A.

**Current Principal Place of Business:**

% ANDREW I. COBO  
COUNTY RD 437  
LAKE PANASOFFKEE, FL 33538

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 388  
LAKE PANASOFFKEE, FL 335380388 US

**New Mailing Address:**

% ANDREW I. COBO  
COUNTY RD 437  
LAKE PANASOFFKEE, FL 33538

FEI Number: 59-2799003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COBO, ANDREW I.  
1480 CR 437  
LAKE PANASOFFKEE, FL 33538 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: PSD  
Name: COBO, ANDREW I  
Address: 10695 S PLEASANT GROVE RD  
City-St-Zip: INVERNESS, FL 34452 US

Title: TD  
Name: COBO, KATHY  
Address: 10695 S. PLEASANT GROVE RD  
City-St-Zip: INVERNESS, FL 34452

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: ANDREW I. COBO

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04/26/2012

Electronic Signature of Signing Officer or Director

Date