
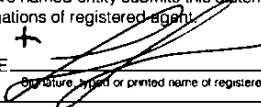
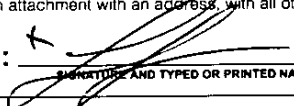


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90008 043 ***150.00

DOCUMENT # P06000009846 1. Entity Name LEONEL CORDOVA MD, PA					
Principal Place of Business 10390 SW 97TH STREET MIAMI, FL 33176			Mailing Address 10390 SW 97TH STREET MIAMI, FL 33176		
2. Principal Place of Business - No P.O. Box # 14554 S.W. 76 ST. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 14554 SW 76 Street <small>Suite, Apt. #, etc.</small>			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-4247589	
Zip 33183		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORDOVA, LEONEL MD 10390 SW 97TH STREET MIAMI, FL 33176				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4/2/08 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME CORDOVA, LEONEL MD STREET ADDRESS 10390 SW 97TH STREET CITY- ST- ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE PD NAME CORDOVA, LEONEL MD STREET ADDRESS 14554 SW 76 Street CITY- ST- ZIP Miami, FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CORDOVA-PENA, NORIS STREET ADDRESS 10390 SW 97TH STREET CITY- ST- ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE VP NAME CORDOVA-PENA, NORIS STREET ADDRESS 14554 SW 76 Street CITY- ST- ZIP Miami, FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4/2/08 Daytime Phone #		