

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000071357 (6)

1. Corporation Name

DR. ENOCH CORDOBA, M.D., P.A.



Principal Place of Business

11 ~~SUNBAR RD.~~  
PALM BEACH GARDENS FL 33418  
US

Mailing Address

11 ~~DUNBAR RD.~~  
PALM BEACH GARDENS FL 33418  
US

2. Principal Place of Business

21 5106 Misty Morn Rd

Suite, Apt. #, etc.

2a. Mailing Address

26 ← Same

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/14/1993

3a. Date of Last Report

05/01/1995

4. FCI Number

65-0453932

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

CORDOBA, ENOCH

82 Street Address (P.O. Box Number is Not Acceptable)

5106 Misty Morn Rd

83

84 City

P.B.G.

FL

85 Zip Code

33418

9. Name and Address of Current Registered Agent  
CORDOBA, ENOCH  
2 HUNTLEY DRIVE  
PALM BEACH GARDENS FL 33418

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Enoch Cordoba*

Signature of Registered Agent (if not the same as the corporation's)

4/9/96

12. OFFICERS AND DIRECTORS

|                 |                             |                                            |
|-----------------|-----------------------------|--------------------------------------------|
| TITLE           | PD                          | <input checked="" type="checkbox"/> DELETE |
| NAME            | CORDOBA, ENOCH              |                                            |
| STREET ADDRESS  | % 2 HUNTLEY DRIVE           |                                            |
| CITY - ST - ZIP | PALM BEACH GARDENS FL 33418 |                                            |
| TITLE           |                             | <input type="checkbox"/> DELETE            |
| NAME            |                             |                                            |
| STREET ADDRESS  |                             |                                            |
| CITY - ST - ZIP |                             |                                            |
| TITLE           |                             | <input type="checkbox"/> DELETE            |
| NAME            |                             |                                            |
| STREET ADDRESS  |                             |                                            |
| CITY - ST - ZIP |                             |                                            |
| TITLE           |                             | <input type="checkbox"/> DELETE            |
| NAME            |                             |                                            |
| STREET ADDRESS  |                             |                                            |
| CITY - ST - ZIP |                             |                                            |
| TITLE           |                             | <input type="checkbox"/> DELETE            |
| NAME            |                             |                                            |
| STREET ADDRESS  |                             |                                            |
| CITY - ST - ZIP |                             |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                   |                                                                              |
|---------------------|-----------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | PD                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | CORDOBA, ENOCH                    |                                                                              |
| 1.3 STREET ADDRESS  | 5106 Misty Morn Rd.               |                                                                              |
| 1.4 CITY - ST - ZIP | Palm Beach Gardens, Florida 33418 |                                                                              |
| 2.1 TITLE           |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                                   |                                                                              |
| 2.3 STREET ADDRESS  |                                   |                                                                              |
| 2.4 CITY - ST - ZIP |                                   |                                                                              |
| 3.1 TITLE           |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                   |                                                                              |
| 3.3 STREET ADDRESS  |                                   |                                                                              |
| 3.4 CITY - ST - ZIP |                                   |                                                                              |
| 4.1 TITLE           |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                   |                                                                              |
| 4.3 STREET ADDRESS  |                                   |                                                                              |
| 4.4 CITY - ST - ZIP |                                   |                                                                              |
| 5.1 TITLE           |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                   |                                                                              |
| 5.3 STREET ADDRESS  |                                   |                                                                              |
| 5.4 CITY - ST - ZIP |                                   |                                                                              |
| 6.1 TITLE           |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                   |                                                                              |
| 6.3 STREET ADDRESS  |                                   |                                                                              |
| 6.4 CITY - ST - ZIP |                                   |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Enoch Cordoba MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 (407) 881-2980

CR2E034 (12/95)