


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**


**DOCUMENT # P96000082689**

1. Entity Name  
 CORDOVA FAMILY PRACTICE, P.A.



Principal Place of Business 4400 BAYOU BOULEVARD SUITE 37 PENSACOLA, FL 32503	Mailing Address 4400 BAYOU BOULEVARD SUITE 37 PENSACOLA, FL 32503
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**DO NOT WRITE IN THIS SPACE**



04292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3407265	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FRENCH, BARBARA D MD  
 4400 BAYOU BLVD  
 SUITE 37  
 PENSACOLA, FL 32503

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

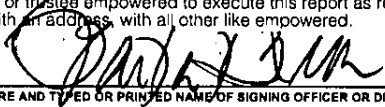
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRENCH, BARBARA D MD 4400 BAYOU BLVD, STE 37 PENSACOLA, FL 32503
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**DO NOT WRITE IN THIS SPACE**

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** 4/27/07 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR