

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V45522

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** JOHN X. CORDOBA, D.D.S., M.S., P.A.

**Current Principal Place of Business:**

90 FOX RIDGE COURT  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

90 FOX RIDGE COURT  
DEBARY, FL 32713

**New Mailing Address:**

734 STIRLING CENTER PLACE  
LAKE MARY, FL 32746

**FEI Number:** 59-3129133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORDOBA, JOHN X., D.D.S., P.A.  
90 FOX RIDGE CT  
DEBARY, FL 32713 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: D  
Name: CORDOBA, JOHN X  
Address: 90 FOX RIDGE COURT  
City-St-Zip: DEBARY, FL 32713

Title: ST  
Name: CORDOBA, SOPHIA  
Address: 90 FOX RIDGE CT  
City-St-Zip: DEBARY, FL 32713

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: JOHN X CORDOBA

DR

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date