

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771060

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** THE TURNBULL PROFESSIONAL CENTER, INC.

**Current Principal Place of Business:**

706 TURNBULL AVENUE  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

706 TURNBULL AVENUE  
#101  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

**FEI Number:** 59-2471632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UDVARI, GEORGE R  
706 TURNBULL AVE  
SUITE 101  
ALTAMONTE SPRINGS, FL 32701 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: PD  
Name: WRIGHT, TIMOTHY  
Address: 706 TURNBULL AVE #303  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD  
Name: PINDER, FLORA  
Address: 706 TURNBULL AVE, #301  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD  
Name: UDVARI, GEORGE R  
Address: 706 TURNBULL AVE #101  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD  
Name: KEMP, DEWEY  
Address: 706 TURNBULL AVE #305  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE R. UDVARI

TD

01/10/2011

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

\_\_\_\_\_  
Date