

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 MAY -1 PM 1:33**

**DOCUMENT # S28934 (5)**  
1. Corporation Name  
**TYRA LORIZ, D.M.D., P.A.**

Principal Place of Business      Mailing Address  
**5528 N. DAVIS HWY., BLDG. E.  
PENSACOLA FL 32503**      **5528 N. DAVIS HWY., BLDG. E.  
PENSACOLA FL 32503**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/01/1991**      **05/11/1994**

|                                |         |                     |         |   |  |                                |  |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business |         | 2a. Mailing Address |         | 4. FEI Number   |  | Applied For                    |  |
| 21                             |         | 26                  |         | 59-3046821  |  | Not Applicable                 |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired  |  | \$8.75 Additional Fee Required |  |
| 22                             |         | 27                  |         | <input type="checkbox"/>  |  |                                |  |
| City & State                   |         | City & State        |         | 6. Election Campaign Financing Trust Fund Contribution                                  |  | \$5.00 May Be Added to Fees    |  |
| 23                             |         | 28                  |         | <input type="checkbox"/>  |  |                                |  |
| Zip                            | Country | Zip                 | Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes |  |                                |  |
| 24                             |         | 29                  |         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                     |  |                                |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                               |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| <b>DR. TYRA LORIZ<br/>5528 N. DAVIS HWY., BLDG. E.<br/>PENSACOLA FL 32503</b> |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | <b>FL</b>   |  |  |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------|---|---|
| TITLE                      | PO                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LORIZ, TYRA         | 1.2 NAME  |   |
| STREET ADDRESS             | 4807 ROSEMONT PLACE | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PENSACOLA FL        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 2.2 NAME  |   |
| STREET ADDRESS             |                     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 3.2 NAME  |   |
| STREET ADDRESS             |                     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 4.2 NAME  |   |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 5.2 NAME  |   |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 6.2 NAME  |   |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                     | 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)(b), 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: Tyra LORIZ DMD/PA      TYRA LORIZ DMD/PA      4/24/95      904-484-6734  
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #