

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771060

**Entity Name:** THE TURNBULL PROFESSIONAL CENTER, INC.**Current Principal Place of Business:**706 TURNBULL AVENUE  
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**706 TURNBULL AVENUE  
#101  
ALTAMONTE SPRINGS, FL 32701 US**FEI Number:** 59-2471632**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UDVARI, GEORGE R  
706 TURNBULL AVE  
SUITE 101  
ALTAMONTE SPRINGS, FL 32701 US*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**Officer/Director Detail :**

Title	PD
Name	WRIGHT, TIMOTHY
Address	706 TURNBULL AVE #303
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

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

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

Title	TD
Name	UDVARI, MICHAEL
Address	706 TURNBULL AVE #101
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	VPD
Name	BOGLE, SEAN
Address	101 SOUTH NEW YORK AVE SUITE 205 WINTER PARK
City-State-Zip:	FL FL 32789

*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:** MICHAEL UDVARI

TD

01/13/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date