

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000110386

**Entity Name:** WILLIAM F. RYLANDER, M.D., P.A.

**Current Principal Place of Business:**

407 SOUTH WASHINGTON AVE  
SUITE 1  
TITUSVILLE, FL 32796

**Current Mailing Address:**

PO BOX 2939  
TITUSVILLE, FL 32781 US

**FEI Number:** 59-3759523

**Certificate of Status Desired:** Yes

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

WHITE, W GRAHAM  
250 PARK AVE SOUTH 5TH FLOOR  
WINTER PARK, FL 32789 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 D, PRESIDENT  
Name RYLANDER, WILLIAM FMD  
Address 407 S.WASHINGTON AVE., STE1  
City-State-Zip: TITUSVILLE FL 32796

*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:** WILLIAM RYLANDER

**PRESIDENT**

**04/24/2021**

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

\_\_\_\_\_  
Date