

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000005356

**Entity Name:** TIFFANY A. TORRANS, O.D., P.A.

**Current Principal Place of Business:**

1756 SW BARNETT WAY  
LAKE CITY, FL 32025

**FILED**  
**Apr 19, 2013**  
**Secretary of State**  
**CC1333105679**

**Current Mailing Address:**

1756 SW BARNETT WAY  
LAKE CITY, FL 32025

**FEI Number: 20-2086960**

**Certificate of Status Desired: No**

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

TORRANS, O.D., TIFFANY A  
1756 SW BARNETT WAY  
LAKE CITY, FL 32025 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 P  
Name TORRANS, O.D., TIFFANY A  
Address 1756 SW BARNETT WAY  
City-State-Zip: LAKE CITY FL 32025

Title TRES  
Name TORRANS, ALFRED W II  
Address 1756 SW BARNETT WAY  
City-State-Zip: LAKE CITY FL 32025

*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: ALFRED W TORRANS II**

**TRES**

**04/19/2013**

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

\_\_\_\_\_  
Date