

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000102647

**FILED  
Mar 20, 2017  
Secretary of State  
CC1178611462**

**Entity Name:** TUMARKIN & BURNS, P.A.

**Current Principal Place of Business:**

219 S. CLYDE AVENUE  
KISSIMMEE, FL 34741

**Current Mailing Address:**

219 S. CLYDE AVENUE  
KISSIMMEE, FL 34741

**FEI Number:** 45-3967128

**Certificate of Status Desired:** No

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

BURNS, NICOLE M  
219 S. CLYDE AVENUE  
KISSIMMEE, FL 34741 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	Title	D
Name	TUMARKIN, PATRICIA L	Name	BURNS, NICOLE M
Address	219 S. CLYDE AVENUE	Address	219 S. CLYDE AVENUE
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	KISSIMMEE FL 34741

*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:** NICOLE M BURNS

**DIRECTOR**

**03/20/2017**

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

\_\_\_\_\_  
Date