

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000072981

**Entity Name:** TINDAL PROSTHODONTICS, P.A.

**Current Principal Place of Business:**

5911 NORTH HONORE AVE.  
S-123  
SARASOTA, FL 34243-2610

**Current Mailing Address:**

5911 N. HONORE AVE STE 123  
SARASOTA, FL 34243-2610 US

**FEI Number:** 32-0389605

**Certificate of Status Desired:** No

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

TINDAL, BENJAMIN J  
5911 N. HONORE AVE. STE 123  
SARASOTA, FL 34243-2610 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            TINDAL, BENJAMIN J  
Address        5911 NORTH HONORE AVE.  
                  S-123  
City-State-Zip: SARASOTA FL 34243-2610

Title            VP  
Name            TINDAL, MARIA  
Address        5911 NORTH HONORE AVE.  
                  S-123  
City-State-Zip: SARASOTA FL 34243-2610

Title            AUTHORIZED REPRESENTATIVE  
Name            TINDAL, STEVEN L  
Address        1594 COMMON WAY ROAD #303  
City-State-Zip: ORLANDO FL 32814

*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:** STEVEN L TINDAL

**AUTHORIZED  
REPRESENTATIVE**

**01/30/2023**

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

\_\_\_\_\_  
Date