

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000045240

**Entity Name:** TORY WEATHERFORD, MD, P.A.

**Current Principal Place of Business:**

2831 MARSALA CT  
ORLANDO, FL 32830

**Current Mailing Address:**

2831 MARSALA CT  
ORLANDO, FL 32830 US

**FEI Number:** 87-1120505

**Certificate of Status Desired:** No

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

CB&G SERVICES, INC.  
283 CRANES ROOST BLVD  
STE 165  
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            PRESIDENT  
Name           WEATHERFORD, TORY MD  
Address        2831 MARSALA CT  
City-State-Zip: ORLANDO FL 32830

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:** TORY WEATHERFORD

**PRESIDENT**

**01/16/2024**

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

\_\_\_\_\_  
Date