

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000111383

**Entity Name:** TORY R. LINDH, D.M.D., P.A.

**Current Principal Place of Business:**

7500 NORTHWEST 5TH STREET  
#103  
PLANTATION, FL 33317

**Current Mailing Address:**

7500 NORTHWEST 5TH STREET  
#103  
PLANTATION, FL 33317

**FEI Number:** 65-0970611

**Certificate of Status Desired:** No

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

LINDH, TORY R  
7500 NW 5TH ST  
103  
PLANTATION, FL 33317 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 PSTD  
Name LINDH, TORY R  
Address 7500 NORTHWEST 5TH STREET #103  
City-State-Zip: PLANTATION FL 33317

*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 LINDH

PSDT

04/09/2024

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

\_\_\_\_\_  
Date