

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S28934

**Entity Name:** TYRA LORIZ, D.M.D., P.A.

**Current Principal Place of Business:**

3298 SUMMIT BLVD.  
#49  
PENSACOLA, FL 32503

**Current Mailing Address:**

3298 SUMMIT BLVD.  
#49  
PENSACOLA, FL 32503 US

**FEI Number:** 59-3046821

**Certificate of Status Desired:** Yes

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

DR. TYRA LORIZ  
3298 SUMMIT BLVD  
SUITE 49  
PENSACOLA, FL 32503 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 PD  
Name LORIZ, TYRA  
Address 3298 SUMMIT BLVD. #49  
City-State-Zip: PENSACOLA FL 32503

*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:** TYRA LORIZ DMD

**OWNER**

**04/23/2014**

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

\_\_\_\_\_  
Date