

2013 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: No

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

04/24/2013

Electronic Signature of Signing Officer/Director Detail

Date