

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771060

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** THE TURNBULL PROFESSIONAL CENTER, INC.

**Current Principal Place of Business:**

706 TURNBULL AVENUE  
#203  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

706 TURNBULL AVENUE  
SUITE 101  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

706 TURNBULL AVENUE  
#101  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 59-2471632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOGLE, SEAN  
706 TURNBULL AVE  
STE 203  
ALTAMONTE SPRINGS, FL 32701 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOGLE, SEAN  
Address: 706 TURNBULL AVE #203  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD ( ) Delete  
Name: PINDER, FLORA  
Address: 706 TURNBULL AVE, #303  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD ( ) Delete  
Name: GOEMBEL, H. DALE  
Address: 706 TURNBULL AVE #101  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD ( ) Delete  
Name: KEMP, DEWEY  
Address: 706 TURNBULL AVE #305  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: UDVARI, GEORGE  
Address: 706 TURNBULL AVE #101  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE R. UDVARI

TD

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date