

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000092077

**Entity Name:** THOMAS F. RYAN P.A.

**Current Principal Place of Business:**

636 U.S. HWY 1, SUITE  
SUITE 110  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

636 U.S. HWY 1  
SUITE 110  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 65-0618100

**Certificate of Status Desired:** No

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

RYAN, THOMAS F  
636 U.S. HWY 1  
SUITE 110  
NORTH PALM BEACH, FL 33408 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 RYAN, THOMAS F  
Address 763 SANCTUARY COVE DR  
City-State-Zip: NORTH PALM BEACH FL 33410

*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:** THOMAS FRANCIS RYAN

**PRESIDENT/DIRECTOR**

**04/05/2022**

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

\_\_\_\_\_  
Date