

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 07, 1999 8:00 am**  
**Secretary of State**

07-07-1999 90003 041 \*\*\*150.00

DOCUMENT # **P96000026797**

1. Corporation Name  
**MARYANN K. BURKHARD, D.D.S., P.A.**

Principal Place of Business  
**821 EAST OCEAN BLVD.  
SUITE C  
STUART FL 34994**

Mailing Address  
**821 EAST OCEAN BLVD.  
SUITE C  
STUART FL 34994**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/26/1996**

4. FEI Number

**65-0651826**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26

27

28

29

30

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURKHARD, MARYANN K  
821 E. OCEAN BLVD.  
SUITE C  
STUART FL 34994**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **BURKHARD, MARYANN K**  
STREET ADDRESS **7 PERRIWINKLE CIRCLE**  
CITY-ST-ZIP **SEWALL'S POINT FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **KUKUCKA, RICHARD J**  
STREET ADDRESS **470 WHITMAN BLVD.**  
CITY-ST-ZIP **ELYRIA OH 44035**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MOORE, DEBORAH**  
STREET ADDRESS **1334 S. VIZCAYA CIRCLE**  
CITY-ST-ZIP **PALM CITY FL 34990**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: **Maryann K. Burkhard**

**7-1-99 (56) 283-3041**

CR2E034 (5/99)

P96000026797  
582170-90003-41

From the Desk of:

Maryann K. Burkhard, D.D.S., P.A.

Practice Limited to Periodontics

July 1, 1999

William It Gray Concur.

On April 19, 1999 I mailed the  
first notice for the 1999 Profit Corporation  
Annual Report with check # 2951.

As of this date, this check has not  
cleared my bank nor has the  
report been received by your office.

I contacted your office today  
and was instructed to mail the  
second notice with another check  
for \$150.00. I only trust this will  
make it to your office.

Sincerely,

Maryann K. Burkhard  
MBK

"Building the Perfect Foundation"

821 E. Ocean Blvd., Suite C • Stuart, FL 34994 • (561) 283-3041