

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000054897 (9)

1. Corporation Name

KATHLEEN O'CONNOR, D.D.S., P.A.

Principal Place of Business

610 BARNES BLVD  
ROCKLEDGE FL 32955

Mailing Address

610 BARNES BLVD  
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/27/1996

3a. Date of Last Report

4. FEE Number  
54-3385111

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21. Kathleen O'Connor DDS PA

Suite, Apt. # 610 Barnes Blvd.

22. Rockledge, FL 32955

City & State (407) 639-7400

23. Zip Country USA

24. Brevard

2a. Kathleen O'Connor DDS PA

26. 610 Barnes Blvd.

Suite, Apt. # 610 Barnes Blvd.

27. Rockledge, FL 32955

City & State (407) 639-7400

28. Zip Country USA

29. Brevard

9. Name and Address of Current Registered Agent

O'CONNOR, KATHLEEN  
610 BARNES BLVD  
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

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

X Kathleen O'Connor DDS PA

(NOTE: Registered Agent signature required when reinstating)

DATE

7/22/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSTD  
O'CONNOR, KATHLEEN  
STREET ADDRESS 610 BARNES BLVD  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100002271651-6  
-08/19/97--01089--025  
\*\*\*\*165.00 \*\*\*\*165.00

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE

X Kathleen O'Connor DDS PA

7/22/97

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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pg. 2

**Kathleen O'Connor, D.D.S.**

**Family Dentistry**

610 Barnes Blvd., Rockledge, FL 32955

Tel: (407) 639-7400

7/22/97

To whom it may concern -

We never recieved a  
1st notice. We have been  
in business for 1 year.

Thank you

Kathleen O'Connor D.D.S. PA.

Kathleen O'Connor D.D.S. PA.

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