

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90111 017 ***150.00

DOCUMENT # S66000

1. Entity Name

MICHAEL G. MAUCK, D.M.D., P.A.



Principal Place of Business

10111 FOREST HILL BLVD
SUITE 341
WEST PALM BEACH FL 33414

Mailing Address

10111 FOREST HILL BLVD
SUITE 341
WEST PALM BEACH FL 33414



2. Principal Place of Business - No P.O. Box #

1051 G. South State Rd 7

3. Mailing Address

1051 G. South State Rd 7

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

PBC

Zip

33414

Country

PBC

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0271764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAUCK, MICHAEL G.
10111 FOREST HILL BLVD
SUITE 341
WEST PALM BEACH FL 33414

1051 G. South State
Rd 7 #1
Wellington, FL
33414

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

1/25/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
OR
MAUCK, MICHAEL G
10111 FOREST HILL BLVD #341
WEST PALM BEACH FL 33414
1051 G. South
St. Rd 7 #1
Wellington, FL
33414

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael G. MAUCK 1/25/07 561-790-0206