

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000066097

**Entity Name:** DAVID BURKE DMD PA

**Current Principal Place of Business:**

10157 S. FEDERAL HIGHWAY  
U  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

8 RIVERWAY BLVD  
PALM CITY, FL 34990

**FEI Number:** 27-3227515

**Certificate of Status Desired:** No

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

BURKE, DAVID  
8 RIVERWAY BLVD  
PALM CITY, FL 34990 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 P  
Name BURKE, DAVID  
Address 8 RIVERWAY BLVD  
City-State-Zip: PALM CITY FL 34990

*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:** DAVID BURKE

**PRESIDENT**

**01/30/2013**

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

\_\_\_\_\_  
Date