

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000038576

**Entity Name:** KRISTIN C. BURCH DDS, INC.

**Current Principal Place of Business:**

4854 RIDGEMOOR BLVD.  
PALM HARBOR, FL 34685

**Current Mailing Address:**

4854 RIDGEMOOR BLVD.  
PALM HARBOR, FL 34685

**FEI Number:** 82-5380271

**Certificate of Status Desired:** No

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

BURCH, KRISTIN  
4854 RIDGEMOOR BLVD.  
PALM HARBOR, FL 34685 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 BURCH, KRISTIN  
Address 4854 RIDGEMOOR BLVD.  
City-State-Zip: PALM HARBOR FL 34685

*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:** KRISTIN BURCH

**PRESIDENT**

**03/11/2019**

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

\_\_\_\_\_  
Date