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Secretary of State

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**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 602655

1. Entity Name
 GILBERT J. BARDFELD, D.D.S., P.A.



Principal Place of Business
 147 ALHAMBRA CIRCLE
 CORAL GABLES, FL 33134

Mailing Address
 147 ALHAMBRA CIRCLE
 CORAL GABLES, FL 33134

40041634



DO NOT WRITE IN THIS SPACE

01222008 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-1313409 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARDFELD, GILBERT J
 147 ALHAMBRA CIR
 CORAL GABLES, FL 33134

**DO NOT WRITE
 IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARDFELD, GILBERT J
STREET ADDRESS	147 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	BARDFELD HELEN
STREET ADDRESS	8341 SW 92 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	GLASSER, JEFFREY
STREET ADDRESS	147 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	BARFIELD, GILBERT J.
STREET ADDRESS	147 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 507, 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: _____

Gilbert J. Bardfeld Gilbert J. Bardfeld D.D.S. * 2/5/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #