FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 518929
1. Corporation Name
GILBERT E. HIRSCHBERG, DDS. P.A.

(5)

FILED Feb 11 1997 8:00am Secretary of State

cipal Place of Business	Mailino Address	I tenter bitat libát látið tatta líðir áflat áflat áflat áflat álatt álatt álatt álatt álatt ítat ítatt í

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Principal Place of Business 8644 W ATLANTIC BLVD ATLANTIC PROFESSIONAL PLAZA MARGATE FL 33063		Mailing Address 5644 W ATLANTIC BLVD ATLANTIC PROFESSIONAL PLAZA MARGATE FL 33063-4523				
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		26			59-1566153	Not Applicable
22		Suile, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Сош	itry	B. This corporation has liability for i	
24	25	[29]	30			Yes No
000	9. Name and Address of Curren	nt Hegistered Agent		81 Name	10. Name and Address of New Re-	gistered Agent
	RKSON, ELLIOT			81 Name		
	E. LAS OLAS BLVD		Ī	82 Street A	ddress (P.O. Box Number is Not Acceptab	ole)
SUITE 1900			,	00		
run	IT LAUDERDALE FL 33301		į	83		
				84 Cily		FL 85 Zip Code
onice or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the oblig	eor Florida. Such change wa	s authonzed	by the corpo	corporation submits this statement for the poration's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE						
12.	Signature, typod or ponted name of registered ago	ent and title if application (N ID DIRECTORS		Agent signature n	equired when reinstatings	DATE
TITLE	PD	DELETE	13. 1.178	1	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	HIRSCHBERG, GILBERT E.	C. Second	1.2 NA	1		
STREET ADDRESS	5844 W ATLANTIC BLVD			EET ADDRESS		
CITY-ST-ZIP	MARGATE FL			Y - \$1 - ZIP		
TITLE		DELETE	2 1 IIII			Change Addition
NAME			22 NAI	!		
STREET ADDRESS				HET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	3 1 THT	-		Change Addition
NAME			3.2 NAI	AE		• —
STREET ADDRESS			3.3 \$16	FFT ADDRESS		
CITY-ST-ZIP			3.4. CIT	Y - \$1 - ZIP		
TITLE		DELETE	, 41 TiTi			Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 S16	EE1 ADDRESS		
CITY-ST-ZIP			4.4 CIT	r-S1-ZIP		
TITLE		☐ DELETE	5.1 101	F		Change Addition
NAME			5.2 NAM	4E		
STREET ADDRESS			5.3 STR	EE1 ADDRESS		
CITY-ST-ZIP			5.4 Ci11	/ - \$1 - 7 P		
TITLE		DELETE	61101	E		Change Addition
NAME			6.2 NAM	AE		
STREET ADDRESS			. 63 STR	EET ADDRESS		
CITY-ST-ZIP			6.4 C(T)	'- ST - ZIP		1
44 Lda barah	are a modified bland than information and according	al and the state of the state o	100 6 14		11.0	

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 for trustee employed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 an attachment with any address.

Sill & Join Mille

16 196 954-971-611