

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **569024** (3)

1. Corporation Name
JEFFREY A. GINSBERG, D.D.S. P.A.



Principal Place of Business: **7314 LAKE WORTH RD. LAKE WORTH FL 33467 US**
Mailing Address: **7314 LAKE WORTH RD. LAKE WORTH FL 33467 US**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-29)
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Country

3. Date Incorporated or Qualified: **04/12/1978**
3a. Date of Last Report: **03/07/1995**
4. FEI Number: **59-1822697**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GERSON, GARY N
1645 PALM BCH LAKES BLVD
W PALM BCH, FL
33402**

10. Name and Address of New Registered Agent (81-84)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0509 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: **STD** DELETE
NAME: **GINSBERG, BARBARA**
STREET ADDRESS: **357 KNOTTY WOOD LANE**
CITY-STATE-ZIP: **WEST PALM BCH, FL 00000**
2. TITLE: **PD** DELETE
NAME: **GINSBERG, JEFFREY A**
STREET ADDRESS: **357 KNOTTY WOOD LANE**
CITY-STATE-ZIP: **WEST PALM BCH, FL 00000**
3. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
6. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
7. TITLE: Change Addition
8. NAME:
9. STREET ADDRESS:
10. CITY-STATE-ZIP:
11. TITLE: Change Addition
12. NAME:
13. STREET ADDRESS:
14. CITY-STATE-ZIP:
15. TITLE: Change Addition
16. NAME:
17. STREET ADDRESS:
18. CITY-STATE-ZIP:
19. TITLE: Change Addition
20. NAME:
21. STREET ADDRESS:
22. CITY-STATE-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeffrey Ginsberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (67) 964-9100

CR2E034 (12/95)