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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 569024

(3)

JEFFREY A. GINSBERG, D.D.S. P.A.

Principal Place of Business Mailing Address 7314 LAKE WORTH RD. 7314 LAKE WORTH RD. LAKE WORTH FL 33467-2529 LAKE WORTH FL 33467 US 3. Date Incorporated or Qualified 3a. Date of Last Report 01/26/1996 04/12/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1822697 21 26 Not Applicable uite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution 23 Added to Fees Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name GERSON, GARY N 1645 PALM BCH LAKES BLVD 82 Street Address (P.O. Box Number is Not Acceptable) W PALM BCH, FL 83 33402 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) THLE STD DELETE 11 TITLE Change ___ Addition GINSBERG, BARBARA 1.2 NAME R2E034 NAME 357 KNOTTY WOOD LANE STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BCH, FL 00000 1,4 CITY-ST-ZIP CITY-ST-ZIP DELETE Chappe Addition TITLE 21 TITLE GINSBERG, JEFFREY A NAME 2.2 NAME 357 KNOTTY WOOD LANE 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BCH, FL 00000 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7/P 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 CITY-ST-ZIP

FILED

Jan 21 1997 8:00am

Secretary of State

14. To 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 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 of changed in on appultachment with an address.

SIGNATURE

frey binsper

(361)964-9100