2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2005 08:00 AM **DOCUMENT # 569024 Secretary of State** 1. Entity Name 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 LAKE WORTH, FL 33467 US 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1822697 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GERSON, GARY N DO NOT WRITE 1645 PALM BCH LAKES BLVD WEST PALM BEACH, FL 33402 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when re-istating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 hay Be Trust Fund Contribution. Added to lees OFFICERS AND DIRECTORS 10. 01/11/05-80023-011 150.00 STD TITLE GINSBERG, BARBARA NAME 357 KNOTTY WOOD LANE STREET ADDRESS CITY-ST-ZIP WELLINTON, FL 33414 TITLE GINSBERG, JEFFREY A NAME STREET ADDRESS 357 KNOTTY WOOD LANE CITY-ST-ZIP WELLINTON, FL 33414 TITLE NAME

DO NOT WRITE IN THIS SPACE

12. I 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 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 607, 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:

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

offrey Ginsberg

561-964-9100

Applied For

Not Applicable