


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 569024**  
 1. Entity 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
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1822697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GERSON, GARY N  
 1645 PALM BCH LAKES BLVD  
 WEST PALM BEACH, FL 33402

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

DATE  
 01/15/08-80028-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GINSBERG, BARBARA 357 KNOTTY WOOD LANE WELLINTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINSBERG, JEFFREY A 357 KNOTTY WOOD LANE WELLINTON, FL 33414
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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:** *Jeffrey Ginsberg* **Jeffrey Ginsberg** **(561) 964-9100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #