

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 602655

1. Entity Name
GILBERT J. BARDFELD, D.D.S., P.A.



Principal Place of Business
**147 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134**

Mailing Address
**147 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134**



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1313409

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARDFELD, GILBERT J
147 ALHAMBRA CIR
CORAL GABLES, FL 33134**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BARDFELD, GILBERT J
147 ALHAMBRA CIRCLE
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARDFELD HELEN
8341 SW 92 TERRACE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GLASSER, JEFFREY
147 ALHAMBRA CIRCLE
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARFIELD, GILBERT J.
147 ALHAMBRA CIRCLE
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000218221
02/07/05-80056-004 150.00

**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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/3/05 305 446 1120
Date Daytime Phone #