2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State
02-12-2008 90020 043 ***150.00

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1. Entity Name
LEONARD M. GARFINKEL, D.D.S., P.A.

Principal Place of Business	Mailing Address
19495 BISCAYNE BLVD SUITE 402 NORTH MIAMI BEACH, FL 33180-2319	19495 BISCAYNE BLVD SUITE 402 NORTH MIAMI BEACH, FL 33180 US

01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2692495 ☐ Applied For ☐ Not Applicab

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

6. **Name and Address of Current Registered Agent**

OSHINSKY, LEONARD
350 E. LAS OLAS BLVD
970
FORT LAUDERDALE, FL 33301

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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 accep 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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

02/08/08 011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARFINKEL, LEONARD B.
STREET ADDRESS	19495 BISCAYNE BLVD #402
CITY-ST-ZIP	NORTH MIAMI BCH, FL
TITLE	S
NAME	GARFINKEL, ROSLYN
STREET ADDRESS	19495 BISCAYNE BLVD # 402
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	
NAME	
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	

DO NOT WRITE IN THIS SPACE

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 i