

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J21876

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** LEONARD M. GARFINKEL, D.D.S., P.A.

**Current Principal Place of Business:**

19495 BISCAYNE BLVD  
SUITE 402  
NORTH MIAMI BEACH, FL 331802319

**New Principal Place of Business:**

**Current Mailing Address:**

19495 BISCAYNE BLVD  
SUITE 402  
NORTH MIAMI BEACH, FL 33180 US

**New Mailing Address:**

19495 BISCAYNE BLVD  
SUITE 402  
NORTH MIAMI BEACH, FL 331802319

**FEI Number:** 59-2692495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GARFINKEL, LEONARD B.  
Address: 19495 BISCAYNE BLVD #402  
City-St-Zip: NORTH MIAMI BCH, FL

Title: S  
Name: GARFINKEL, ROSLYN  
Address: 19495 BISCAYNE BLVD # 402  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEONARD M. GARFINKEL

PRES

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date