

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L89319

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** JACK J. HIRSCHFELD, D.D.S., P.A.

**Current Principal Place of Business:**

2459 S CONGRESS AVE.  
SUITE 206  
PALM SPRINGS, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

2459 S CONGRESS AVE.  
SUITE 206  
PALM SPRINGS, FL 33406 US

**New Mailing Address:**

**FEI Number:** 65-0216889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HIRSCHFELD, JACK J. DDS  
2459 S CONGRESS AVE.  
STE 206  
PALM SPRINGS, FL 33406 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: DR.  
Name: HIRSCHFELD, JACK J.  
Address: 2459 S CONGRESS AVE STE 206  
City-St-Zip: PALM SPRINGS, FL 33406 US

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: JACK HIRSCHFELD

DR.

01/04/2012

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

\_\_\_\_\_  
Date