

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/21/2008-90002-011-\$150.00-\$150.00

DOCUMENT # P07000107149

1. Entity Name

BRADLEY M. GINZLER DDS MS, PA



FILED

08 SEP 23 PH 3:37

CLERK OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE

CR2E034 (4/08)

Principal Place of Business

1111 TAMARIND WAY
BOCA RATON FL 33486

Mailing Address

1111 TAMARIND WAY
BOCA RATON FL 33486

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-114742

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINSTEIN, JEFFREY C ESQ
5499 NORTH FEDERAL HWY SUITE K
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

FILE NOW!!!-FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

\$607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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
D
GINZLER, BRADLEY M
1111 TAMARIND WAY
BOCA RATON FL 33486 ☐ Delete

TITLE
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CITY- ST- ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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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:

Bradley M. Ginzler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/08

(310) 849-5821

Date

Day/Even Phone #

9/23/08
aw