

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S76744

**FILED**  
**Jan 18, 2006**  
**Secretary of State**

**Entity Name:** MICHAEL S. GORFINKEL, D.M.D., P.A.

## Current Principal Place of Business:

8251 W. BROWARD BLVD.  
SUITE 101, KINGSTON PLAZA  
PLANTATION, FL 33324 US

## Current Mailing Address:

8251 W. BROWARD BLVD.  
SUITE 101-KINGSTON PLAZA  
PLANTATION, FL 33324 US

## New Principal Place of Business:

111 N. PINE ISLAND ROAD  
SUITE 101, PINE ISLAND OFFICE CENTRE  
PLANTATION, FL 33324 US

## New Mailing Address:

111 N. PINE ISLAND ROAD  
SUITE 101, PINE ISLAND OFFICE CENTRE  
PLANTATION, FL 33324 US

**FEI Number:** 65-0286174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

GORFINKEL, NESTOR B  
7NW 2ND STREET  
SUITE 203  
MIAMI, FL 33128 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

**Election Campaign Financing Trust Fund Contribution ( ).**

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GORFINKEL, MICHAEL S, .  
Address: 8251 W. BROWARD BLVD., SUITE 101  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GORFINKEL, MICHAEL S, .  
Address: 111 N. PINE ISLAND ROAD SUITE#101  
City-St-Zip: PLANTATION, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL GORFINKEL

D

01/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date