2002 UNIFORM BUSINESS REPORT (UBR) 454902 DOCUMENT # 1. Entity Name

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90116 046 ***150.00

ALAN M. SILBERT, M.D., P.A. Principal Place of Business Mailing Address 9526 N.E. 2ND AVE. 9526 N.E. 2ND AVE. MIAMI FL 33138 MIAM! FL 33138



| 2. Principal Place of Business | | | 3 | 3. Mailing Address | | | | | 11018 10111 DU11D 1101 D | INDER MENTER (| DISHA BIBI | OIDII DIEII IBB1 | |
|--|------------|-------------|------|---------------------|---|------------------------|----------------|---|--------------------------|----------------|------------------|------------------|--|
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | | | City & State | | | 4. F | FEI Number 59-1539311 Applied For Not Applied | | | | | |
| Zip | Country | | | Zip Count | | try | 5. (| Certificate of Status | Desired | | 3.75 Ac | Iditional | |
| 6. Name and Address of Current Registered Agent | | | | | | | 7. N | Name and Address | s of New Registe | | | | |
| | | | | | | Name | | | | | | | |
| SILBERT, ALAN M | | | | | | Ctrant A | ddroon (D.O. C | ev Number in Not | A a a a a ta bla | | | | |
| 9526 NE 2ND AVE | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| MIAMI FL 33138 | | | | | | | | | | | | | |
| | | | | | | City | | | | FL | Zip Co | de | |
| | | | | | | | | | | | , | | |
| 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. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. | | | ible | | | ACTO AS | | | | | 00 May Be | | |
| _ | | | | | After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta | | | Trust Fund | Contribution. | | Adde | ed to Fees | |
| 11. OFFICERS AND DIRECTORS 12. | | | | | | | | J DITIONS/CHANG | ES TO OFFICERS | AND D | RECTOR | RS IN 11 | |
| TITLE | D | 01110211071 | | ☐ Delete | TITLE | | - | | | | Change | ☐ Addition | |
| NAME | SILBERT, A | ALAN M | | □ Dolete | NAM | | | | | _ | - • | _ | |
| STREET ADDRESS | 9526 N.É. | | | | STRE | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP MIAMI, FLORIDA 00000 | | | | | CITY | -ST-ZIP | | | | | | | |
| TITLE | | | | ☐ Delete | TITLE | | | | | |] Change | Addition | |
| NAME | | | | | NAM | E | | | | | | } | |
| STREET ADDRESS | | | | | | ET ADDRESS | | | | | | { | |
| CITY-ST-ZIP | | | | | CITY | -ST-ZIP | | | | | | | |
| TITLE | | | | ☐ Delete | TITLE | | | | | | Change | ☐ Addition | |
| NAME | l | | | | NAM | | | | | | | } | |
| STREET ADDRESS CITY-ST-ZIP | ! | | | | | ET ADDRESS - ST-ZIP | | | | | | | |
| | | | | ☐ Delete | TITLE | | | | | | Change | Addition | |
| TITLE NAME | | | | ∟ Delete | NAM | | | | | L | _ onange | | |
| STREET ADDRESS | | | | | | ET ADDRESS | | | | | | | |
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| NAME | | | | | NAM | | | | | | | | |
| STREET ADDRESS | | | | | STRE | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | CITY | -ST-ZIP | | | | | | | |
| TITLE | **1 | | | ☐ Delete | TITLE | | | | | |] Change | ☐ Addition | |
| NAME | and the | i. | | | NAM | | | | • | • | | ļ | |
| STREET ADDRESS | * / \$/ \$ | | | - " | | ET ADDRESS | | | | | | } | |
| CITY-ST-ZIP | | | | | CITY | -ST-ZIP | | | ee e saaa a | | | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR