2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State
01-14-2008 90085 048 ***150.00

DOCUMENT # 454902

1. Entity Name
ALAN M. SILBERT, M.D., P.A.

Principal Place of Business	Mailing Address
9526 N.E. 2ND AVE. MIAMI, FL 33138	9526 N.E. 2ND AVE. MIAMI, FL 33138

01072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1190 N.W. 95th Street	1190 NW 95th Street
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
City & State MIAMI, FL	City & State MIAMI FL
Zip / Country 33150 / USA	Zip / Country 33150 / USA

4. FEI Number
59-1539311
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SILBERT, ALAN M 9526 NE 2ND AVE MIAMI, FL 33138	Name: ALAN M. SILBERT Street Address (P.O. Box Number is Not Acceptable): 1190 NW 95th Street Suite 201 City: MIAMI **FL** Zip Code: 33150

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILBERT, ALAN M 9526 N.E. 2ND AVE. MIAMI, FLORIDA 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILBERT, ALAN M 1190 NW 95th Street #201 MIAMI FL 33150	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Alan M Silbert ALAN M. SILBERT 1/8/08 305-694-1572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #