

**2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 454902

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

**New Principal Place of Business:**

1190 NW 95TH ST  
SUITE 201  
MIAMI, FL 33150

**Current Mailing Address:**

**New Mailing Address:**

1190 NW 95TH ST  
SUITE 201  
MIAMI, FL 33150

FEI Number: 59-1539311     FEI Number Applied For ( )     FEI Number Not Applicable ( )     Certificate of Status Desired ( )

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

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

SILBERT, ALAN M  
1190 NW 95TH ST  
SUITE 201  
MIAMI, FL 33150 US

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: D  
Name: SILBERT, ALAN M  
Address: 1190 NW 95TH ST STE 201  
City-St-Zip: MIAMI, FL 33150

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: ALAN SILBERT

PRES

01/03/2012

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

\_\_\_\_\_  
Date