

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Myrham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR -6 AM 10: 08

**DOCUMENT # 486228 (0)**

1. Corporation Name

**SILVERMAN, SELEY AND WENDER, M.D.'S, P.A.**

Principal Place of Business

Mailing Address

~~4 LIPSON BLATTMAN & LINDY, C.P.A.  
130 NW 188TH ST., #300  
N MIAMI BEACH FL 33162-0086~~  
**21000 NE 28th Ave**

~~4 LIPSON BLATTMAN & LINDY, C.P.A.  
130 NW 188TH ST., #300  
N MIAMI BEACH FL 33162-0086~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/01/1975** 3a. Date of Last Report **02/01/1994**

4. FEI Number **59-1623266** Applied For  Not Applicable

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **21000 NE 28th AVE**

26 **21000 NE 28th AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **North MIAMI BEACH FL**

28 **NORTH MIAMI BEACH**

Zip

Country

Zip

Country

24 **33180**

25 **USA**

29 **FL**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SILVERMAN, BARRY J  
21000 N.E. 28TH AVE  
N MIAMI BEACH FL 33180**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reconstituting

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<b>P</b>	<b>SILVERMAN, BARRY J</b>	<b>21000 NE 28TH AVE</b>	<b>N MIAMI BEACH FL</b>
<b>VST</b>	<b>SELEY, FREDRICK B.</b>	<b>21000 NE 28TH AVE</b>	<b>N MIAMI BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Fredrick B. Seley, M.D.* **FREDRICK B. SELEY, M.D.** **02/01/95**