

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **486228** (0)

1. Corporation Name
SILVERMAN, SELEY AND WENDER, M.D.'S, P.A.



Principal Place of Business: 21000 NE 28TH AVE, 150 NW 168TH ST., #300, NORTH MIAMI BEACH FL 33180 US
Mailing Address: 21000 NE 28TH AVE, 150 NW 168TH ST., #300, NORTH MIAMI BEACH FL 33169-6086 US

3. Date Incorporated or Qualified: 10/01/1975
3a. Date of Last Report: 04/06/1995
4. FEI Number: 59-1623266
5. Certificate of Status Desired: \$8.75 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

21. Principal Place of Business: 21000 NE 28th AVE, Aventura FL 33180
22. Mailing Address: 21000 NE 28th AVE, Aventura FL 33180
23. City & State: Aventura FL
24. Zip: 33180

9. Name and Address of Current Registered Agent
**SILVERMAN, BARRY J
21000 N.E. 28TH AVE
N MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: FL

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE	P	<input type="checkbox"/> DELETE
12.2 NAME	SILVERMAN, BARRY J WENDER, STEPHEN	
12.3 STREET ADDRESS	21000 NE 28TH AVE	
12.4 CITY - ST - ZIP	N MIAMI BEACH FL	
12.5 TITLE	VST	<input type="checkbox"/> DELETE
12.6 NAME	SELEY, FREDRICK B.	
12.7 STREET ADDRESS	21000 NE 28TH AVE	
12.8 CITY - ST - ZIP	N MIAMI BEACH FL	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY - ST - ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY - ST - ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY - ST - ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY - ST - ZIP	

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 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *(A) Frederick B. Seley* DATE: 3/7/96 (K) VST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)