## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J37517

Address:

City-St-Zip:

700 SECOND AVENUE NORTH #303

NAPLES, FL 34102

Entity Name: JANE S. SILVERSTEIN, M.D., P.A.

FILED Mar 04, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	ND AVENUE	NORTH			
#303 NAPLES, FI	L 34102 l	JS			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
POB 8897 NAPLES, F	L 34101 l	JS			
FEI Number:	59-2718325	FEI Number Applied For ( )	FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
		NORTH #303 JS			
The above r		submits this statement for th	e purpose of changing its registered o	office or registered agent, or both,	
SIGNATUR	E:				
	Electro	nic Signature of Registered	Agent	Date	
Election Cam	paign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SILVERSTEIN	AVENUE NORTH #303	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	ST ( KIENA, HAROI	) Delete _D	Title: ( Name:	) Change ( ) Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HAROLD KIENA ST 03/04/2008