

## **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J37517

**FILED**  
**Oct 28, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

700 SECOND AVENUE NORTH  
#303  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

POB 8897  
NAPLES, FL 34101 US

**New Mailing Address:**

**FEI Number:** 59-2718325      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SILVERSTEIN, JANE S  
700 SECOND AVENUE NORTH #303  
NAPLES, FL 34102 US

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

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: DP ( ) Delete  
Name: SILVERSTEIN, JANE S  
Address: 700 SECOND AVENUE NORTH #303  
City-St-Zip: NAPLES, FL 34102

Title: ST (X) Delete  
Name: KIENA, HAROLD  
Address: 700 SECOND AVENUE NORTH #303  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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: JANE S. SILVERSTEIN

DP

10/28/2008

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

\_\_\_\_\_  
Date