

**2019 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 454902

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

**Current Principal Place of Business:**

1190 NW 95TH ST  
SUITE 201  
MIAMI, FL 33150

**Current Mailing Address:**

1190 NW 95TH ST  
SUITE 201  
MIAMI, FL 33150

**FEI Number:** 59-1539311

**Certificate of Status Desired:** Yes

**Name and Address of Current 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:** ALAN SILBERT

01/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SILBERT, ALAN M DR.  
Address 1190 NW 95TH ST  
SUITE 201  
City-State-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 M. SILBERT

PHYSICIAN

01/10/2019

Electronic Signature of Signing Officer/Director Detail

Date