

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000038183

Entity Name: SILVERMAN PEDIATRIC OPHTHALMOLOGY, P.A.**Current Principal Place of Business:**217 MANATEE AVE. EAST
BRADENTON, FL 34208**Current Mailing Address:**217 MANATEE AVE. EAST
BRADENTON, FL 34208**FEI Number:** 20-8715009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SILVERMAN, SCOTT MD
217 MANATEE AVE. EAST
BRADENTON, FL 34208 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	MD
Name	SILVERMAN, SCOTT E
Address	217 MANATEE AVE. EAST
City-State-Zip:	BRADENTON FL 34208

Title	MD
Name	FRIEDBERG, MURRAY
Address	217 MANATEE AVE EAST
City-State-Zip:	BRADENTON FL 34208

Title	MD
Name	EDELMAN, ROBERT E
Address	217 MANATEE AVE EAST
City-State-Zip:	BRADENTON FL 34208

Title	MD
Name	KHATOR, POOJA
Address	217 MANATEE AVE EAST
City-State-Zip:	BRADENTON FL 34208

Title	MD
Name	DAVIS, JEFFREY
Address	217 MANATEE AVE. EAST
City-State-Zip:	BRADENTON FL 34208

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: SCOTT SILVERMAN, MD**PRESIDENT****01/24/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date