

**2020 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 27 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 MENEZES, ALLISON  
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

**OFFICER**

**01/15/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date