

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000086166

Entity Name: SILVER LINING, WITHOUT BORDER, CORP**Current Principal Place of Business:**6101 GROSVENOR SHORE DRIVE
WINDERMERE , FL 34786**Current Mailing Address:**6101 GROSVENOR SHORE DRIVE
WINDERMERE, FL 34786 US**FEI Number:** 47-2141398**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARVEZ, SALEH MD
6101 GROSVENOR SHORE DRIVE
WINDERMERE, FL 34786 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 CEO (CHIEF EXECUTIVE OFFICER)
Name PARVEZ, SHERIN MD
Address 6101 GROSVENOR SHORE DRIVE
City-State-Zip: WINDERMERE FL 34786

Title COO (CHIEF OPERATING OFFICER)
Name PARVEZ, SALEH MD
Address 6101 GROSVENOR SHORE DRIVE
City-State-Zip: WINDERMERE FL 34786

Title MD, MANAGING DIRECTOR
Name PARVEZ, SHEEHAN M
Address 6101 GROSVENOR SHORE DRIVE
City-State-Zip: WINDERMERE FL 34786

Title TD, TECHNICAL DIRECTOR
Name PARVEZ, SHANE M
Address 6101 GROSVENOR SHORE DRIVE
City-State-Zip: WINDERMERE FL 34786

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: SALEH PARVEZ, MD

COO

04/06/2022

Electronic Signature of Signing Officer/Director Detail_____
Date