


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90085 048 ***150.00

DOCUMENT # 454902 1. Entity Name ALAN M. SILBERT, M.D., P.A.	
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Principal Place of Business 9526 N.E. 2ND AVE. MIAMI, FL 33138	Mailing Address 9526 N.E. 2ND AVE. MIAMI, FL 33138
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2. Principal Place of Business - No P.O. Box # 1190 N.W. 95 th Street Suite, Apt. #, etc. Suite 201 City & State MIAMI, FL Zip 33150 Country USA	3. Mailing Address 1190 NW 95 th Street Suite, Apt. #, etc. Suite 201 City & State MIAMI FL Zip 33150 Country USA
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01072008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1539311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SILBERT, ALAN M 9526 NE 2ND AVE MIAMI, FL 33138
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7. Name and Address of New Registered Agent Name ALAN M. SILBERT Street Address (P.O. Box Number is Not Acceptable) 1190 NW 95 th Street Suite 201 City MIAMI FL Zip Code 33150

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILBERT, ALAN M 9526 N.E. 2ND AVE. MIAMI, FLORIDA 00000. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILBERT, ALAN M 1190 NW 95 th Street #201 MIAMI FL 33150 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan M. Silbert ALAN M. SILBERT 1/8/08 305-694-1872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #