

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 486228 (0)

1. Corporation Name

SILVERMAN, SELEY AND WENDER, M.D.'S, P.A.



Principal Place of Business

21000 NE 28TH AVE  
150 NW 168TH ST., #300  
NORTH MIAMI BEACH FL 33180  
US

Mailing Address

21000 NE 28TH AVE  
150 NW 168TH ST., #300  
NORTH MIAMI BEACH FL 33169-6086  
US

2. Principal Place of Business

21 21000 NE 28th AVE

22 Suite, Apt. #, etc.

23 City & State

23 AVENTURA FL

24 Zip

24 33180

25 Country

2a. Mailing Address

26 21000 NE 28th AVE

27 Suite, Apt. #, etc.

28 City & State

28 AVENTURA FL

29 Zip

29 33180

30 Country

9. Name and Address of Current Registered Agent

SILVERMAN, BARRY J  
21000 N.E. 28TH AVE  
N MIAMI BEACH FL 33180

3. Date Incorporated or Qualified

10/01/1975

3a. Date of Last Report

04/06/1995

4. FEI Number

59-1623266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

(Signature) Signatures of principal officers and directors must be signed and dated.

(Signature) Registered Agent Signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY - ST - ZIP

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