

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

Mailing Address

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

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

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 <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 21000 NE 28th AVE Suite, Apt. #, etc.	22. Mailing Address 21000 NE 28th AVE Suite, Apt. #, etc.
23. City & State AVENTURA FL	27. City & State AVENTURA FL
24. Zip 33180	29. Zip 33180

9. Name and Address of Current Registered Agent

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

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 607.0505, Florida Statutes.

SIGNATURE

(Signature of officer or director, if not registered agent, and if applicable, date)

(Signature of Registered Agent, if not registered agent, and if applicable, date)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME SILVERMAN, BARRY J	<input type="checkbox"/> DELETE	1.1 TITLE WENDER, STEPHEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS 21000 NE 28TH AVE		1.2 NAME	
12.3 CITY - ST - ZIP N MIAMI BEACH FL		1.3 STREET ADDRESS	
12.4 TITLE VST	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	
12.5 NAME SELEY, FREDRICK B.		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS 21000 NE 28TH AVE		2.2 NAME	
12.7 CITY - ST - ZIP N MIAMI BEACH FL		2.3 STREET ADDRESS	
12.8 TITLE	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	
12.9 NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		3.2 NAME	
12.11 CITY - ST - ZIP		3.3 STREET ADDRESS	
12.12 TITLE	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	
12.13 NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		4.2 NAME	
12.15 CITY - ST - ZIP		4.3 STREET ADDRESS	
12.16 TITLE	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	
12.17 NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS		5.2 NAME	
12.19 CITY - ST - ZIP		5.3 STREET ADDRESS	
12.20 TITLE	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	
12.21 NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS		6.2 NAME	
12.23 CITY - ST - ZIP		6.3 STREET ADDRESS	
12.24 TITLE	<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *(Signature)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature) 3/7/96 *(Signature)* VST
Date Daytime Phone #

CR2E034 (12/95)