

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 8:35

DOCUMENT # 521520 (7)

1. Corporation Name
SILVERSTEIN, ZENDEL, WEBER & COVER, M.D.'S, P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 1961 FLOYD ST SUITE D SARASOTA FL 34239		Mailing Address 1961 FLOYD ST SUITE D SARASOTA FL 34239		3. Date Incorporated or Qualified 12/30/1976	3a. Date of Last Report 02/16/1994
2. Principal Place of Business 21 1921 Waldemere St. Suite, Apt. #, etc. 22 Suite 413 City & State 23 Sarasota, FL Zip 24 34239	Country 25 USA	2a. Mailing Address 26 1921 Waldemere St. Suite, Apt. #, etc. 27 Suite 413 City & State 28 Sarasota, FL Zip 29 34239	Country 30 USA	4. FEI Number 59-1711112	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	

9. Name and Address of Current Registered Agent SILVERSTEIN, MARC E MD 1961 FLOYD ST SUITE D SARASOTA FL 34239				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	1921 Waldemere Street		
				83	Suite 413		
				84 City	Sarasota	85 State	FL
						86 Zip Code	34239

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* 4/04/95
Signature, typed or printed name of registered agent and the date. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	SILVERSTEIN, MARC E MD 1961 FLOYD ST SUITE D SARASOTA, FL 00000	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	1921 Waldemere St. Suite 413
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Sarasota FL 34239
TITLE S	ZENDEL, STEPHEN A MD 1961 FLOYD ST SUITE D SARASOTA FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	1921 Waldemere St. Suite 413
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Sarasota FL 34239
TITLE V	WEBER, H. 1961 FLOYD ST STE D SARASOTA FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	1921 Waldemere St. Suite 413
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Sarasota FL 34239
TITLE V	COVER, DOMENICK E. MD 1961 FLOYD ST STE D SARASOTA FL	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	1921 Waldemere St. Suite 413
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Sarasota FL 34239
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 by an attachment with an address.

SIGNATURE: *[Signature]* 4/04/95 (813)917-6585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Area #