


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90016 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 521520					
1. Corporation Name SILVERSTEIN, ZENDEL, WEBER & COVER, M.D.'S, P.A.					
Principal Place of Business 1921 WALDENMERE STREET SUITE 413 SARASOTA FL 34239 US			Mailing Address 1921 WALDENMERE STREET SUITE 413 SARASOTA FL 34239 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 1921 WALDEMERE ST Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 1921 WALDEMERE ST Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 12/30/1976 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 <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SILVERSTEIN, MARC E MD 1921 WALDENMERE STREET SUITE 413 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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVERSTEIN, MARC E MD		1.2 NAME		
STREET ADDRESS	1921 WALDENMERE ST SUITE 413		1.3 STREET ADDRESS	1921 WALDEMERE ST	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZENDEL, STEPHEN A MD		2.2 NAME		
STREET ADDRESS	1921 WALSENEMERE ST SUITE 413		2.3 STREET ADDRESS	1921 WADEMERE ST	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBER, H.		3.2 NAME		
STREET ADDRESS	1921 WALDENMERE ST SUITE 413		3.3 STREET ADDRESS	1921 WALDEMERE ST	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COVER, DOMENICK E. MD		4.2 NAME		
STREET ADDRESS	1921 WALDENMERE ST SUITE 413		4.3 STREET ADDRESS	1921 WALDEMERE ST	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99
Date

941-917-6585
Daytime Phone #

CR2E034 (11/98)