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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 551765

(1)

MARTIN L. SILBIGER, M.D., P.A.

FILED May 23 1997 8:00am Secretary of State



Principal Place	e of Business RE 8LVD.	Mailing Address 1827 BAYSHORE BL	Mailing Address 1827 BAYSHORE BLYD.						
TAMPA FL 336		TAMPA FL 33606-32							
						3. Date Incorporated or Qua 12/01/1977		Date of Last 7/05/1996	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 59-1782226			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc).			5. Certificate of Status Desir	ed 🔲	\$8.75	Additional Regulred
City & State	e	City & State			. 4	6. Election Campaign Finance Trust Fund Contribution	oing	\$5.00	May Be
Zip 24	Country 25	Zip 29	30	Country		8. This corporation has liabi			
·	9. Name and Address of C		1001			10. Name and Address of N			112
SILI	BIGER, MARTIN L.			81	Name				
. 117	20 LIPSEY ROAD IPA FL 33618			82	Street Add	dress (P.O. Box Number is Not Ac	ceptable)		· · · · · · · · · · · · · · · · · · ·
\ 17\n	nrA 1 L 33010			63			·		
				84	City		F	85 Zir	Code
office or r agent I a SIGNATURE						rporation submits this statement for ation's board of directors. I hereby	accept the a	ppointment a	s registered
	Signature, typed or printed name of registe	red agent and tille if applicable.	(NOTE Registr	tered Ace					
		O AND DIRECTORD			nit algriatore req	uired when reinstating)	DATE		00 0140
	, ,,,	S AND DIRECTORS	13	3.		ADDITIONS/CHANGES TO		ND DIRECTO	
HILE	PD	S AND DIRECTORS DELET	13 E 1.1	3. 1 TITLE	I agratue req				
TITLE NAME	PD Silbiger, Martin L.		13 E 1.1	3. 1 TITLE 2 NAME				ND DIRECTO	
TITLE NAME STHEET AODRESS	PD		13 E 1.1 1.2	3. 1 TITLE 2 NAME	ADDRESS			ND DIRECTO	
TITLE NAME STHEET AODRESS CITY-ST-ZIP	PD SILBIGER, MARTIN L. 11720 LIPSEY ROAD TAMPA FL STD		13 E 1.1 1.2 1.3	3. 1 TITLE 2 NAME 3 STREET	ADDRESS			ND DIRECTO	- Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE	PD SILBIGER, MARTIN L. 11720 LIPSEY ROAD TAMPA FL STD SILBIGER, RUTH S.	☐ DELET	13 E 1.1 1.2 1.3 1.4 E 2.1	3. 1 TITLE 2 NAME 3 STREET 4 CITY - S	ADDRESS			ND DIRECTO	- Addition
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TIFLE NAME STHELL ADDRESS DITY-ST-ZIP TIFLE NAME STHEFT ADDRESS CITY-ST-ZIP	PD SILBIGER, MARTIN L. 11720 LIPSEY ROAD TAMPA FL STD SILBIGER, RUTH S.	☐ DELET	13 14 13 14 E 24 25 25 2	3. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S	ADDRESS T-ZIP ADDRESS			ND DIRECTO Change Change	Addition
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TITLE NAME STREET ADDRESS DITY-ST- 2/P TITLE NAME STREFT ADDRESS CITY-ST- 2/P TITLE NAME	PD SILBIGER, MARTIN L. 11720 LIPSEY ROAD TAMPA FL STD SILBIGER, RUTH S. 11720 LIPSEY ROAD	☐ DELET	15 E 1.1 1.3 1.4 1.5 2.1 2.5 2.5 E 3.1 3.4	3. 1 TITLE 2 NAME 3 STREET 4 CHY-S 1 TITLE 2 NAME 3 STREET 4 CHY-S 1 TITLE 2 NAME 3 STREET 4 CHY-S 1 TITLE 2 NAME	ADDRESS T-ZIP ADDRESS			ND DIRECTO Change Change	Addition
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I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 a state 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 a state of the corporation of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: