Feb 11, 1999 8:00 am

Secretary of State

02-11-1999 90069 020 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Cuipuia	UMENT # 55176 IN L. SILBIGER, M.D., P.A.	5					
IAINALLI	IN E. CIEDICEII, MICH, I IAI						
Principal Pl	lace of Business	Mailing Address				41811 21811 41411 01511 21211 21211 1201	
1827 BAYSHORE BLVD.         1827 BAYSHORE BLVD.           TAMPA FL 33606-0210         TAMPA FL 33606-0210					. DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
					12/01/1977		
2. Principa	al Place of Business	2a, Mailing Address			4. FEI Number	Applied For	
21		26		59-1782226	Not Applicable		
Suite, A	Apt. #, etc.	Suite, Apt. #, etc.	<del>  -   ' ' ' '</del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & S	State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current ye	ear Intangible	
24	25	. 29 30	5		Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Cu	Address of Current Registered Agent			10. Name and Address of New Registered Agent		
•			81	Name			
SILBIGER, MARTIN L. 11720 LIPSEY ROAD			82	Street Addre	ddress (P.O. Box Number is Not Acceptable)		
TAMPA FL 33618			83	1000年, 1			
			84	City		FL 85 Zip Code	
office of	or registered agent, or both, in the St	0502 and 607.1508, Florida Statutes ate of Florida. Such change was autr ligations of, Section 607.0505, Florid	orized by i	the corporatio	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its registered appointment as registered	
SIGNATUR	Signature, in pegror printed name of legistered	agent and title if applicable. (NOTE: Re	egistered Agen	t signature required	d when reinstating) D/	ATE ZO 7 9	
12.		AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	☐ DELETE 1.1 TITLE			1 3 4 3 d	☐ Change ☐ Addition	
NAME	SILBIGER, MARTIN L.		1.2 NAME			,	
07DEET 4000E	COS 11720 LIDGEV DOAD		1.3 STDEET	ADDRESS			

IN 12 Addition TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE TITLE STD 2.1 TITLE SILBIGER, RUTH S. 2.2 NAME NAME 11720 LIPSEY ROAD STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP : Addition Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE: