

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 633129

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: HOWARD M. SILVERSTEIN, M.D., P.A.

**Current Principal Place of Business:**

1800 W HILLSBORO BLVD  
SUITE 204  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

1800 W HILLSBORO BLVD  
SUITE 204  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

FEI Number: 59-1929853      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILVERSTEIN, HOWARD  
1800 W HILLSOBRO BLD STE 204  
DEERFIELD BEACH, FL 33442      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SILVERSTEIN, HOWARD, M.  
Address: 1800 HILLSBORO BLVD.  
City-St-Zip: DEERFIELD BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SILVERSTEIN, HOWARD, M.  
Address: 1800 HILLSBORO BLVD.  
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD SILVERSTEIN

PRES

01/04/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date