

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90049 037 \*\*\*150.00

**DOCUMENT # G45394**

1. Entity Name

MARTIN B. SILVERSTEIN, M.D., P.A.



Principal Place of Business

C/O MARTIN SILVERSTEIN, M.D.  
1212 E. BROWARD BLVD.  
FT. LAUDERDALE FL 33301

Mailing Address

C/O MARTIN SILVERSTEIN, M.D.  
1212 E. BROWARD BLVD.  
FT. LAUDERDALE FL 33301

**24028464**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1621 SE 8th Street

Suite, Apt. #, etc.

3. Mailing Address

1621 SE 8th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

59-2292831

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERSTEIN, MARTIN, M.D.  
1212 E. BROWARD BLVD.  
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Martin B. Silverstein, M.D.

Street Address (P.O. Box Number is Not Acceptable)

1621 SE 8th Street

City

Fort Lauderdale

FL

Zip Code

33316

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Martin B Silverstein 3/18/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
SILVERSTEIN, MARTIN B  
1212 E. BROWARD BLVD.  
FT. LAUDERDALE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DPST  
1621 SE 8th Street  
Fort Lauderdale, FL 33316

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 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

Martin B Silverstein 3/18/04

Date

Daytime Phone #