

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90002 007 ***550.00

DOCUMENT # G57614

1. Entity Name

MARK I. SILLER M.D., P.A.

Principal Place of Business

**C/O MARK I. SILLER
 17971 BISCAYNE BLVD POINT EAST PRO BLDG
 NORTH MIAMI BEACH FL 33160**

Mailing Address

**C/O MARK I. SILLER
 17971 BISCAYNE BLVD POINT EAST PRO BLDG
 NORTH MIAMI BEACH FL 33160**

661244



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2344149**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILLER, MARK I.
 17971 BISCAYNE BLVD.
 POINT EAST PROFESSIONAL BLDG.
 NORTH MIAMI BEACH FL 33160**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOT)

Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **SILLER, I MARK**
 STREET ADDRESS **17971 BISCAYNE BLVD**
 CITY-ST-ZIP **N MIAMI BCH,FL 00000**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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13. 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 I, the officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed and changed, or on an attachment with an address, with another like empowered signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and my name appears in Block 11 or Block 12 if

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK I SILLER M.D.

6/7/01

305-932-3901

CR2E034 (10/00)