


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90004 032 ***150.00

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|---|--|--------------------------------------|--|--|--|
| DOCUMENT # H13509 1. Entity Name DEAN R. SILVER, M.D., P.A. | | | |  | |
| Principal Place of Business 9240 BONITA BEACH ROAD SUITE 2215 BONITA SPRINGS, FL 34135 | | | Mailing Address 9240 BONITA BEACH ROAD SUITE 2215 BONITA SPRINGS, FL 34135 | | |
| 2. Principal Place of Business 12018 Mahogany Isle Ln Suite, Apt. #, etc. | | | 3. Mailing Address 12018 Mahogany Isle Ln Suite, Apt. #, etc. | | |
| City & State Ft. Myers, FL | | City & State Ft. Myers, FL | | 4. FEI Number 59-2421294 | |
| Zip 33913 | | Country Lee | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SILVER, DEAN R. 9240 BONITA BEACH ROAD #2215 BONITA SPRINGS, FL 34135 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12018 Mahogany Isle Ln City Ft. Myers, FL 33913 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDS SILVER, DEAN R. 9240 BONITA BEACH RD #2215 BONITA SPRINGS, FL 34135 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDS Silver, Dean R 12018 Mahogany Isle Ln Ft. Myers, FL 33913 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>Dean R. Silver</i> Dean R. Silver, Pres 8/20/04 239-768-2088 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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