2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

H13509 **DOCUMENT #**

1. Entity Name

DEAN R. SILVER, M.D., P.A.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91848 025 ***550.00

			1 COO WE THE		
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		3. Mailing Address		[: BISH BISH SING SING SING SING SING SING SING SING
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-2421294	Applied For Not Applicable
Zip	Country	Zíp	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registere	d Agent
	a. Italia dila Addicco c. Calif		Name		
SILVER, DI			Street Addres	es (P.O. Box Number is Not Acceptable)	
9240 BONITA BEACH ROAD #2215 BONITA SPRINGS FL 34135					
			City	F	Zip Code
the obligation	ons of registered agent. Signature, typed or printed name of registered agent.	43	DTE: Registered Agent signature requ		E
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550. Payable to Florida Departmen	t of State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SILVER, DEAN R. 9240 BONITA BEACH RD #22 BONITA SPRINGS FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		Delete	TITLE		☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #