


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J25152 (6)			
1. Corporation Name ALBERTO MARIO SILBER, D.D.S., P.A.			
Principal Place of Business 4315 NW 71 DR CORAL SPRINGS FL 33065		Mailing Address 4315 NW 71 DR CORAL SPRINGS FL 33065-2126	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 07/15/1986		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-2692642		Applied For Not Applicable	
5. Certificate of Status Desired 8. Election Campaign Financing Trust Fund Contribution		8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
9. Name and Address of Current Registered Agent SILBER, ALBERTO MARIO 4315 NW 71ST DR. CORAL SPRINGS FL 33065		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP	
12.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP		13.2 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
12.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP		13.3 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
12.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP		13.4 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
12.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP		13.5 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
12.6 TITLE NAME STREET ADDRESS CITY - ST - ZIP		13.6 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do 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 annual report or supplemental annual 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.			
SIGNATURE: ALBERTO MARIO SILBER 4-28-97 (305) 228-6633			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)