

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000086028

Entity Name: DAVID R. SILVER, M.D., LLC

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2901CORAL HILLS DRIVE, SUITE 360  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

3001 CORAL HILLS DRIVE, SUITE 250  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

2901CORAL HILLS DRIVE, SUITE 360  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

3001 CORAL HILLS DRIVE, SUITE 250  
CORAL SPRINGS, FL 33065

FEI Number: 20-3207949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILVER, DAVID R M.D.  
2901CORAL HILLS DRIVE, SUITE 360  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

SILVER, DAVID R M.D.  
3001 CORAL HILLS DRIVE, SUITE 250  
CORAL SPRINGS, FL 33065 US

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: \_\_\_\_\_

04/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR  
Name: SILVER, DAVID R MD  
Address: 3001 CORAL HILLS DRIVE, SUITE 250  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID R SILVER MD

DR

04/23/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date