FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M78463** **(0)**

1. Corporate Name
LAURENCE SILVERMAN, P.A.

Principal Place of Business
11010 N. KENDALLE DR STE 104
MIAMI FL 33176

Mailing Address
11010 N. KENDALLE DR STE 104
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/29/1988**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # or P.O. Box — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **65-0043413**
Applied For / Not Applicable

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

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

8. This corporation has assets or income of $200,000 or more or has 200 or more employees and is therefore subject to the provisions of Section 607.1601, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SILVERMAN, LAURENCE
11010 N. KENDALL DR STE 104
MIAMI FL 33176

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 Section [illegible], 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. The corporation is duly authorized to do business in Florida. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section [illegible], Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SILVERMAN, LAURENCE
STREET ADDRESS	11010 N. KENDALL DR #104
CITY, ST, ZIP	MIAMI FL

13. ADDITIONAL OFFICERS AND DIRECTORS

14. I hereby certify that the information indicated on this report or supplemental annual report, including any changes to the registered office or registered agent, is true and accurate and that my signature shall serve as my resignation as registered agent if I am listed as such in this report or any subsequent annual report and I am unable to continue in that capacity.

SIGNATURE: [signature] 3/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0103005 CP