

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000031220**1. Entity Name
GREG M. SILVER, M.D., P.A.

Principal Place of Business 129 CARLYLE DRIVE PALM HARBOR FL 346831806	Mailing Address 129 CARLYLE DRIVE PALM HARBOR FL 346831806
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2. Principal Place of Business 1811 NORTH BELCHER ROAD	3. Mailing Address 1811 NORTH BELCHER ROAD
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Suite, Apt. #, etc. H-4	Suite, Apt. #, etc. H-4
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City & State CLEARWATER FL	City & State CLEARWATER FL
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Zip 337651433	Country	Zip 337641433	Country
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4. FEI Number 59-3648734	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SILVER GREG M
129 CARLYLE DRIVE

PALM HARBOR FL
346831806

7. Name and Address of New Registered Agent

Name
SILVER GREG M
Street Address (P.O. Box Number is Not Acceptable)
1811 NORTH BELCHER ROAD
H-4
City
CLEARWATER FL Zip Code
337651433

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.

SIGNATURE _____ 01/21/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVER GREG M 129 CARLYLE DRIVE PALM HARBOR FL 346831806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. SILVER SANDRA LTREAS 129 CARLYLE DRIVE PALM HARBOR FL 346831806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. SILVER GREG M 129 CARLYLE DRIVE PALM HARBOR FL 346831806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra L. Silver Mrs. 01/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)