

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90020 036 ***150.00

0459149 AV

DOCUMENT # P00000031220

1. Entity Name

GREG M. SILVER, M.D., P.A.

Principal Place of Business

**1811 NORTH BELCHER ROAD
H4
CLEARWATER FL 33765-1433**

Mailing Address

**1811 NORTH BELCHER ROAD
H4
CLEARWATER FL 33764-1433**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1831 N. BELCHER RD

1831 N. BELCHER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-3

A-3

City & State

City & State

CLEARWATER, FL

CLEARWATER, FL

Zip

Country

Zip

Country

33765

USA

33765

USA

4. FEI Number

59-3648734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILVER, GREG M
1811 NORTH BELCHER ROAD
H4
CLEARWATER FL 33765-1433**

Name

GREG SILVER

Street Address (P.O. Box Number is Not Acceptable)

1831 N. BELCHER RD

A-3

City

CLEARWATER

FL

Zip Code

33765

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

G. Silver

GREG M. SILVER, M.D., PRESIDENT

1-29-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DR.	<input type="checkbox"/> Delete
NAME	SILVER, GREG M	
STREET ADDRESS	129 CARLYLE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683-1806	
TITLE	MRS.	<input type="checkbox"/> Delete
NAME	SILVER, SANDRA L TREAS	
STREET ADDRESS	129 CARLYLE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683-1806	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

G. Silver

GREG M. SILVER, M.D., PRESIDENT

1/29/02

727-712-3280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)