


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90080 001 ***150.00

DOCUMENT # P03000066807 1. Entity Name R.J. SILVERBERG D.C., P.A.					
Principal Place of Business 4816 SOUTH US HWY 1 FT. PIERCE FL 34982			Mailing Address 4816 SOUTH US HWY 1 FT. PIERCE FL 34982		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. :		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SILVERBERG, RONALD J DR. 4816 SOUTH US HWY 1 FT. PIERCE FL 34982				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SILVERBERG, RONALD J DR. 4816 SOUTH US HWY 1 FT. PIERCE FL 34982 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 7-12-05 Daytime Phone #: 772-337-5511		

ATTACHMENT

2006mg
#P03000866807

Accurate Medical Pain & Rehab. Centers

Bruce Platzek, M.D., P.A.

Ronald J. Silverberg, D.C., P.A.

Kim R. Hoover, D.C.

1701 S.E. Hillmoor Drive, Suite A1, Port St. Lucie, FL 34952

4816 S. US 1, Fort Pierce, FL 34982

618 E. Ocean Blvd., Bldg., A #1, Stuart, FL 34994

772-337-5511

772-335-7841 Fax

REPLY TO FORT PIERCE

July 12, 2005

Florida Department of State
Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

RE: Ronald J. Silverberg
FEI Number: 02-0696095

Enclosed is the 2005 For Profit Corporation Annual Report (AR). I did not receive this notice until one week ago. I don't know the reason for this getting to me so late.

I would like to pay \$150.00 and waive \$400.00 since I did not get the notice before May. I greatly appreciate your time and effort in responding to this matter.

Thank you for your cooperation in this matter.

Sincerely,


Ronald J. Silverberg, D.C.