

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2011
Secretary of State

Entity Name: SILVERMAN PEDIATRIC OPHTHALMOLOGY, P.A.

Current Principal Place of Business:

217 MANATEE AVE. EAST
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

217 MANATEE AVE. EAST
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 20-8715009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERMAN, SCOTT MD
217 MANATEE AVE. EAST
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD
Name: SILVERMAN, SCOTT E
Address: 27 MANATEE AVE. EAST
City-St-Zip: BRADENTON, FL 34208

Title: MD
Name: FRIEDBERG, MURRAY
Address: 217 MANATEE AVE EAST
City-St-Zip: BRADENTON, FL 34208

Title: MD
Name: MOSCOSO, WALTER E
Address: 217 MANATEE AVE EAST
City-St-Zip: BRADENTON, FL 34208

Title: MD
Name: EDELMAN, ROBERT E
Address: 217 MANATEE AVE EAST
City-St-Zip: BRADENTON, FL 34208

Title: MD
Name: KHATOR, POOJA
Address: 217 MANATEE AVE EAST
City-St-Zip: BRADENTON, FL 34208

Title: MD
Name: MENEZES, ALLISON
Address: 217 MANATEE AVE EAST
City-St-Zip: BRADENTON, FL 34208

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT E SILVERMAN

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date