Mar 11, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000092432

UAVIU N	I. SILVERSTEIN, M.D., P.A.							
Principal Place	e of Business	Ma	illing Address		_			1001
Principal Place of Business 5880 49TH ST N N-207 ST PETERSBURG FL 33709 US Mailing Address P.O. BOX 9627 TREASURE ISLAND FL 33741 ST PETERSBURG FL 33709 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/01/1995		
2 Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number Applied Fo	r
21	acc of Susinoss	26	,,,g				59-3284339 Not Applic	-
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	al
City & State	e	2'	City & State			*****	6. Election Campaign Financing 55.00 May Be	
23	~	28	,				Trust Fund Contribution Added to Fees	
Zip 24	Country 25	29	Zip	Cour	ntry		8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Curren		tered Agent	122			10. Name and Address of New Registered Agent	\Box
					81	Name		
	SMAN, ALAN S 5 COURT ST.				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	TE 102			ŀ	83			
	ARWATER FL 34616			ļ			as 7:- Code	
					84	City	FL 85 Zip Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	la. Such change was a	utnorized	DV I	ine corborai	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registered	
Olore Torre						t nianatura romuir		
	Signature, typed or printed name of registered agei		<u></u>		Agent	signature requir	red when reinstating) DATE	12
12.	OFFICERS AN		CTORS	13.		signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
12.	OFFICERS AN		<u></u>	13. 1.1 TIT	LE	signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12 Idition
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CITY-ST-ZIP 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 annual report or supplemental annual 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 12 or Block 13 if changed on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR