

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092432

FILED
Jan 06, 2009
Secretary of State

Entity Name: DAVID H. SILVERSTEIN, M.D., P.A.

Current Principal Place of Business:

5880 49TH ST N
N-207
ST PETERSBURG, FL 33709 US

New Principal Place of Business:

Current Mailing Address:

5880 49TH ST N
N-207
ST PETERSBURG, FL 33709 US

New Mailing Address:

FEI Number: 59-3284339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT ST.
SUITE 102
CLEARWATER, FL 34616 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SILVERSTEIN, DAVID H
Address: P.O. BOX 9627 (N/A)
City-St-Zip: TREASURE ISLAND, FL 33741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SILVERSTEIN, DAVID H
Address: 5880 49TH ST. N., #N-207
City-St-Zip: ST. PETERSBURG, FL 33709

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID H. SILVERSTEIN, MD

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date