

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069743

**FILED**  
**Apr 11, 2010**  
**Secretary of State**

**Entity Name:** PAMELA SILVER, PSY.D., P.A.

**Current Principal Place of Business:**

1601 PALM AVENUE  
STE 311  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

1601 PALM AVENUE  
STE 311  
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

**FEI Number:** 65-0776112      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SILVER, PAMELA PSY.D  
1601 PALM AVENUE  
STE 311  
PEMBROKE PINES, FL 33026 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:** DR  
**Name:** SILVER, PAMELA  
**Address:** 1601 PALM AVENUE SUITE #311  
**City-St-Zip:** PEMBROKE PINES, FL 33026

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: PAMELA SILVER

DR

04/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date