

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90038 029 \*\*\*150.00

<b>DOCUMENT # P98000038694</b>					
<b>1. Entity Name</b> THOMAS C. SILVER, D.M.D., M.S., P.A.					
<b>Principal Place of Business</b> 11201 DANKA CIRCLE NORTH SUITE 160 ST. PETERSBURG, FL 33716			<b>Mailing Address</b> 11201 DANKA CIRCLE NORTH SUITE 160 ST. PETERSBURG, FL 33716		
<b>2. Principal Place of Business</b> 11201 CORPORATE CIRCLE NORTH Suite, Apt. #, etc. 160.		<b>3. Mailing Address</b> 11201 CORPORATE CIRCLE NORTH Suite, Apt. #, etc.			
<b>City &amp; State</b> ST. PETERSBURG, FL		<b>City &amp; State</b> ST. PETERSBURG, FL		<b>4. FEI Number</b> 59-3508058	
<b>Zip</b> 33716		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SILVER, THOMAS C DMDMS 11201 DANKA CIRCLE NORTH SUITE 160 ST. PETERSBURG, FL 33716			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE:  DATE: 5-21-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> DR <b>NAME</b> SILVER, THOMAS C DMDMS <b>STREET ADDRESS</b> 11201 DANKA CIRCLE NORTH, SUITE 160 <b>CITY - ST - ZIP</b> ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 11201 CORPORATE CIRCLE N. SUITE 160. <b>CITY - ST - ZIP</b> 	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b>			5-21-08 727-577-4911 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40105022

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Document Number P98000038694

Business Entity Name THOMAS G. SILVER, D.M.D., M.S., P.A.

FEI Number 59 - 3508058

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status ☐ \$8.75 (Optional)Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address 11201 CORPORATE CIRCLE NORTH (PO Box not acceptable)

Suite, Apt. #, etc. SUITE 160

City, State ST. PETERSBURG, FL

Zip Code &amp; Country 33716

**Mailing Address**

If your mailing address is the same as the principal address above, please check the box below. Otherwise your mailing address.

☒ Mailing address same as principal address

Address 11201 CORPORATE CIRCLE NORTH

Suite, Apt. #, etc. SUITE 160

City, State ST. PETERSBURG, FL

Zip Code &amp; Country 33716

**Name And Address of Registered Agent**

Name (Last, First, Middle, Title) SILVER, THOMAS, C, DMDMS

- OR -

Business to serve as RA

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Street Address In Florida 11201 CORPORATE CIRCLE NORTH (PO Box not acceptable)  
Suite, Apt. #, etc. SUITE 160  
City, State ST. PETERSBURG, FL  
Zip Code & Country 33716 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name And Address****Name And Address #1**

Title DR  
Name (Last, First, Middle, Title) SILVER THOMAS C DMDMS  
- OR -  
Entity Name to serve as Officer/Director

Street Address 11201 CORPORATE CIRCLE NORTH, SUIT  
City, State ST. PETERSBURG, FL  
Zip Code & Country 33716

**Name And Address #2**

Title  
Name (Last, First, Middle, Title)  
- OR -  
Entity Name to serve as Officer/Director

Street Address  
City, State  
Zip Code & Country

**Name And Address #3**

Title

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City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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