

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000091701

1. Entity Name

STANLEY P. SILVERBLATT, M.D., P.A.



FILED

04 OCT -6 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~1001 N FEDERAL HWY 1724 E.~~
~~204 HALL BEACH BLVD~~
~~HALLANDALE FL 33009~~
HALLANDALE FL 33009

~~1001 N FEDERAL HWY 1724 E.~~
~~204 HALL BEACH BLVD~~
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0877507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVERETT, BILL
3880 NE CHERI DR
JENSEN BEACH FL 34957

Name Stanley Silverblatt

Street Address (P.O. Box Number is Not Acceptable)

620 Ocean Blvd

City

Golden Beach

FL

Zip Code

33160

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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/3/04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SILVERBLATT, STANLEY
STREET ADDRESS 620 OCEAN BLVD.
CITY-ST-ZIP GOLDEN BEACH, FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500041636015
CITY-ST-ZIP 10/06/04--01016--014 **\$50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/3/04 954-457-8200