

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000138557

**Entity Name:** SALVATORE SILVESTRI, M.D., P.A.

**Current Principal Place of Business:**

9178 PANZANI PLACE  
WINDEMERE, FL 34786

**Current Mailing Address:**

9178 PANZANI PLACE  
WINDEMERE, FL 34786

**FEI Number:** 20-3623474

**Certificate of Status Desired:** Yes

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

SILVESTRI, SALVATORE MD  
1720 S COOK AVE  
ORLANDO, FL 32806 US

*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

**Officer/Director Detail :**

Title P  
Name SILVESTRI, SALVATORE MD  
Address 9178 PANZANI PLACE  
City-State-Zip: WINDEMERE FL 34786

*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:** SALVATORE SILVESTRI, MD

**PRESIDENT**

**01/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date