

2014 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

01/03/2014

Electronic Signature of Signing Officer/Director Detail

Date