

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000038183

Entity Name: SILVERMAN PEDIATRIC OPHTHALMOLOGY, P.A.

Current Principal Place of Business:

217 MANATEE AVE. EAST
BRADENTON, FL 34208

Current Mailing Address:

217 MANATEE AVE. EAST
BRADENTON, FL 34208

FEI Number: 20-8715009

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERMAN, SCOTT MD
217 MANATEE AVE. EAST
BRADENTON, FL 34208 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 MD
Name SILVERMAN, SCOTT E
Address 27 MANATEE AVE. EAST
City-State-Zip: BRADENTON FL 34208

Title MD
Name FRIEDBERG, MURRAY
Address 217 MANATEE AVE EAST
City-State-Zip: BRADENTON FL 34208

Title MD
Name EDELMAN, ROBERT E
Address 217 MANATEE AVE EAST
City-State-Zip: BRADENTON FL 34208

Title MD
Name KHATOR, POOJA
Address 217 MANATEE AVE EAST
City-State-Zip: BRADENTON FL 34208

Title MD
Name MENEZES, ALLISON
Address 217 MANATEE AVE EAST
City-State-Zip: BRADENTON FL 34208

Title MD
Name DAVIS, JEFFREY
Address 217 MANATEE AVE. EAST
City-State-Zip: BRADENTON FL 34208

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: SCOTT E SILVERMAN

OFFICER

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date