

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000069743

**Entity Name:** PAMELA SILVER, PSY.D., P.A.

**Current Principal Place of Business:**

1601 N. PALM AVENUE  
STE 110 D  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

1601 N. PALM AVENUE  
STE 110 D  
PEMBROKE PINES, FL 33026 US

**FEI Number:** 65-0776112

**Certificate of Status Desired:** No

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

SILVER, PAMELA PSY.D  
1601 N. PALM AVENUE  
STE 110 D  
PEMBROKE PINES, FL 33026 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 DR  
Name SILVER, PAMELA  
Address 1601 N. PALM AVENUE  
SUITE 110 D  
City-State-Zip: PEMBROKE PINES FL 33026

*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:** PAMELA SILVER

**PRESIDENT**

**04/20/2017**

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

\_\_\_\_\_  
Date