

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000038694

Entity Name: THOMAS C. SILVER, D.M.D., M.S., P.A.**Current Principal Place of Business:**11201 CORPORATE CIRCLE NORTH
SUITE 160
ST. PETERSBURG, FL 33716**Current Mailing Address:**11201 CORPORATE CIRCLE NORTH
SUITE 160
ST. PETERSBURG, FL 33716**FEI Number: 59-3508058****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SILVER, THOMAS C DMDMS
11201 CORPORATE CIRCLE NORTH
SUITE 160
ST. PETERSBURG, FL 33716 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, THOMAS C DMDMS
Address	11201 CORPORATE CIRCLE N SUITE 160
City-State-Zip:	ST. PETERSBURG FL 33716

Title	NA
Name	NA, NA
Address	11201 CORPORATE CIRCLE NORTH, SUITE 160
City-State-Zip:	ST. PETERSBURG FL 33716

Title	NA
Name	NA, NA
Address	11201 CORPORATE CIRCLE NORTH , SUITE 160
City-State-Zip:	ST. PETERSBURG FL 33716

Title	NA
Name	NA, NA
Address	11201 CORPORATE CIRCLE NORTH, SUITE 160
City-State-Zip:	ST. PETERSBURG FL 33716

Title	NA
Name	NA, NA
Address	11201 CORPORATE CIRCLE NORTH, SUITE 160
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Title	NA
Name	NA, NA
Address	11201 CORPORATE CIRCLE NORTH, SUITE 160
City-State-Zip:	ST. PETERSBURG FL 33716

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: THOMAS CLARK SILVER**CEO****04/19/2022**

Electronic Signature of Signing Officer/Director Detail

Date