FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 579750 (1)

1. Corporation Name
NORMAN SILVERSMITH, M.D., P.A.

Principal Place of Business
11211 PROSPERITY FARMS RD
BLDG. B. STE. 107
PALM BEACH GARDENS FL 33410-3453
US

Mailing Address
11211 PROSPERITY FARMS RD
BLDG.. B. STE. 107
PALM BEACH GARDENS FL 33410-3453
US

3. Date Incorporated or Qualified: 07/20/1978
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1829633 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 11000 Prosperity Farms Rd
Suite, Apt. #, etc.
22 Suite 103
City & State
23 Palm Beach Gardens, FL
Zip
24 33410-3480
Country
25 U.S.A.

2a. Mailing Address
26 11000 Prosperity Farms Rd
Suite, Apt. #, etc.
27 Suite 103
City & State
28 Palm Beach Gardens, FL
Zip
29 33410-3480
Country
30 U.S.A.

9. Name and Address of Current Registered Agent
SILVERSMITH, NORMAN
11211 PROSPERITY FARMS RD
BLDG. B, STE. 107
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 11000 Prosperity Farms Road
83 Suite 103
84 City Palm Beach Gardens FL
85 Zip Code 33410-3480

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ____________ DATE ____________
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	PTS	☐ DELETE
NAME	SILVERSMITH, NORMAN	
STREET ADDRESS	11211 PROSPERITY FARMS RD., STE. B-107	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	☐ DELETE
NAME	SILVERSMITH, NORMAN	
STREET ADDRESS	11211 PROSPERITY FARMS RD., STE. B-107	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norman Silversmith MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Norman Silversmith, M.D.

4/30/96
Date

(407)622-1800
Daytime Phone #

CR2E034 (12/95)

0256521 CP