


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 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 11000 PROSPERITY FARMS RD 103 PALM BEACH GARDENS FL 33410-3480 US		Mailing Address 11211 PROSPERITY FARMS RD 103 PALM BEACH GARDENS FL 33410-3448 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 11000 Prosperity Farms Rd 27 103 28 Palm Beach Gardens, FL 29 33410 USA 30	
9. Name and Address of Current Registered Agent SILVERSMITH, NORMAN 11000 PROSPERITY FARMS ROAD 103 PALM BEACH GARDENS FL 33410		3. Date Incorporated or Qualified 07/20/1978 3a. Date of Last Report 05/01/1996 4. FEI Number Rd59-1829633 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTS <input type="checkbox"/> DELETE NAME: SILVERSMITH, NORMAN STREET ADDRESS: 11211 PROSPERITY FARMS RD., STE. B-107 CITY-ST-ZIP: PALM BEACH GARDENS FL		1.1 TITLE: PTS <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: Silversmith, Norman 1.3 STREET ADDRESS: 11000 Prosperity Farms Road, Ste 103 1.4 CITY-ST-ZIP: Palm Beach Gardens, FL 33410	
TITLE: D <input type="checkbox"/> DELETE NAME: SILVERSMITH, NORMAN STREET ADDRESS: 11211 PROSPERITY FARMS RD., STE. B-107 CITY-ST-ZIP: PALM BEACH GARDENS FL		2.1 TITLE: D <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: Silversmith, Norman 2.3 STREET ADDRESS: 11000 Prosperity Farms Road, Ste 103 2.4 CITY-ST-ZIP: Palm Beach Gardens, FL 33410	
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Norman Silversmith, M.D.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		APRIL 10, 1997 (Sd) 622-1800 Date Daytime Phone #	



CR2E034 (9/96)