

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90378 036 ***150.00

DOCUMENT # 579750

1. Entity 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
11000 PROSPERITY FARMS
103
PALM BEACH GARDENS FL 33410-3480
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1829633**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERSMITH, NORMAN
11000 PROSPERITY FARMS ROAD
103
PALM BEACH GARDENS FL 33410

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** ☐ Delete
 NAME **SILVERSMITH, NORMAN**
 STREET ADDRESS **11000 PROSPERITY FARMS RD, 103**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SILVERSMITH, NORMAN**
 STREET ADDRESS **11000 PROSPERITY FARMS RD, 103**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **NORMAN SILVERSMITH**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 561-622-1800
 Date Daytime Phone #

CR2E034 (9/01)

Attachment

B0127965

Norman Silversmith, M.D., P.A.

11000 Prosperity Farms Road • Suite 103

Palm Beach Gardens, Florida 33410-3480

(561) 622-1800

Fax (561) 844-0404

579750

July 1, 2002

Florida Department of State

Division of Corporations

Uniform Business Report Filings

P. O. Box 1500

Tallahassee, Florida 32302-1500

RE: 2002 Uniform Business Report

Dear Sir/Madam:

I am the office manager and bookkeeper for Dr. Norman Silversmith and have been in this position for the past 20 years.

I have never missed a deadline for filing the Uniform Business Report over these 20 years and I am sincerely requesting that you accept this \$150.00 check as payment in full since this is a one time only mistake. (The report was signed by Dr. Silversmith on April 17, 2002 and had been inadvertently attached to another document.)

Your consideration is very much appreciated. Thank you.

Sincerely,

Carin

Carin

Office Manager