

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 579750

FILED
Jul 06, 2004
Secretary of State

Entity Name: NORMAN SILVERSMITH, M.D., P.A.

Current Principal Place of Business:

11000 PROSPERITY FARMS RD
103
PALM BEACH GARDENS, FL 334103480 US

Current Mailing Address:

11000 PROSPERITY FARMS
103
PALM BEACH GARDENS, FL 334103480 US

New Principal Place of Business:

4440 PGA BLVD.
306
PALM BEACH GARDENS, FL 334106541 US

New Mailing Address:

4440 PGA BLVD.
306
PALM BEACH GARDENS, FL 334106541 US

FEI Number: 59-1829633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SILVERSMITH, NORMAN
4440 PGA BLVD.
306
PALM BEACH GARDENS, FL 33410 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:

07/06/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: SILVERSMITH, NORMAN,
Address: 11000 PROSPERITY FARMS RD, 103
City-St-Zip: PALM BEACH GARDENS, FL

Title: D () Delete
Name: SILVERSMITH, NORMAN,
Address: 11000 PROSPERITY FARMS RD, 103
City-St-Zip: PALM BEACH GARDENS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: SILVERSMITH, NORMAN,
Address: 4440 PGA BLVD., 306
City-St-Zip: PALM BEACH GARDENS, FL 334106541 US

Title: D (X) Change () Addition
Name: SILVERSMITH, NORMAN,
Address: 4440 PGA BLVD., 306
City-St-Zip: PALM BEACH GARDENS, FL 334106541 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NORMAN SILVERSMITH, M.D.

DR.

07/06/2004

Electronic Signature of Signing Officer or Director

Date