

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **678478** (9)

1. Corporation Name  
**MICHAEL J. AXELROD, D.D.S. AND MICHAEL S. SILVER  
, D.D.S., P.A.**

**FILED**  
**95 JAN 25 PM 1:15**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**1501 PRESIDENTIAL WAY, SUITE 15  
WEST PALM BEACH FL 33401**      **1501 PRESIDENTIAL WAY, SUITE 15  
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/15/1980</b>		3a. Date of Last Report <b>04/14/1994</b>	
2. Principal Place of Business 21		2a. Mailing Address 26	
4. FEI Number <b>59-2015168</b>		Applied For Not Applicable	
22		5. Certificate of Status Desired <input type="checkbox"/> <b>\$0.75 Additional Fee Required</b>	
23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>AXELROD, ROXANNE B., P.A. 7 SURREY ROAD 250 AUSTRALIAN AVE, S. STE. 700 PALM BEACH GDNS. FL 33418</b>				10. Name and Address of New Registered Agent			
B1 Name <b>Axelrod, Roxanne B</b>		B2 Street Address (P.O. Box Number is Not Acceptable) <b>7 Surrey Road</b>		B3		B4 City <b>Palm Bch Gdns, #</b>	
				B5 State <b>FL</b>		B6 Zip Code <b>33418</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VSD</b>	NAME <b>AXELROD, MICHAEL J DDS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7 SURREY RD.</b>	CITY - ST - ZIP <b>PALM BCH. GARDENS FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE <b>PTD</b>	NAME <b>SILVER, MICHAEL S DDS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>13748 ISHNALA CIR.</b>	CITY - ST - ZIP <b>W PALM BCH., FL 00000</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		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 110.07(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 liquidator appointed to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12, or Block 13, or (if changing), or on an attachment with an address.

SIGNATURE: *Michael J. Axelrod DDS*      1/16/95      407-686-2077  
(SIGNATURE)      (DATE)      (PHONE NUMBER)