

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

**FILED**  
**Mar 20 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 # 678478 (9)**

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

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

Mailing Address  
**1501 PRESIDENTIAL WAY, SUITE 15  
 WEST PALM BEACH FL 33401-1852**



3. Date Incorporated or Qualified **07/15/1980** 3a. Date of Last Report **01/23/1996**

2. Principal Place of Business  
 21 State, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

4. FEI Number **59-2015168** 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**  
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**AXELROD, ROXANNE B., P.A.  
 7 SURREY ROAD  
 PALM BEACH GDNS. FL 33418**

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

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 type of principal place of business agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
 TITLE **VSD**  DELETE  
 NAME **AXELROD, MICHAEL J DDS**  
 STREET ADDRESS **7 SURREY RD.**  
 CITY, ST, ZIP **PALM BCH. GARDENS FL**  
 TITLE **PTD**  DELETE  
 NAME **SILVER, MICHAEL S DDS**  
 STREET ADDRESS **13748 ISHNALA CIR.**  
 CITY, ST, ZIP **W PALM BCH., FL 00000**

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 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: *Michael J. Axelrod*  
 SIGNATURE AND TYPE D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)