

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

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90 APR 29 PM 2:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 678478

1. Corporation Name

MICHAEL J. AXELROD, D.D.S. AND MICHAEL S. SILVER, D.D.S., P.A.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified July 15, 1980

4. FEI Number 59-201-5168 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

8. This corporation owes the current year Intangible Personal Property Tax [X] Yes [] No

10. Name and Address of New Registered Agent

2. Principal Place of Business 2a. Mailing Address 21. Suite, Apt #, etc 22. City & State 23. Zip Country 24. Zip Country 25. Suite, Apt #, etc 26. City & State 27. Zip Country 28. Zip Country 29. Suite, Apt #, etc 30. City & State 31. Zip Country

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

81. Name AXELROD, ROXANNE B. 82. Street Address (P.O. Box Number is Not Applicable) 7 SURREY ROAD 83. City PALM BEACH GARDENS FL 84. Zip Code 33418

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 Roxanne B. Axelrod

SIGNATURE Roxanne B. Axelrod

4/27/99

12. OFFICERS AND DIRECTORS 12.1 TITLE P/T/D [] DELETE 12.2 NAME Michael S. Silver, D.D.S. 12.3 STREET ADDRESS 13748 Ishmala Circle 12.4 CITY-ST-ZIP Wellington, FL 33414 12.5 TITLE V/S/D [] DELETE 12.6 NAME Michael J. Axelrod, D.D.S. 12.7 STREET ADDRESS 7 Surrey Road 12.8 CITY-ST-ZIP Palm Beach Gardens, FL 33418

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE [] Change [] Add/Rev 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 TITLE [] Change [] Add/Rev 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP 13.9 TITLE [] Change [] Add/Rev 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP 13.13 TITLE [] Change [] Add/Rev 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP 13.17 TITLE [] Change [] Add/Rev 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP

100002859711-9 -05/03/99-01010-003 ****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE: Michael S. Silver D.D.S. President

4/27/99 5061-6861-2027

CR2E034 (11/98)