

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90077 014 ***150.00

DOCUMENT # 678478

1. Entity Name

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

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		4. FEI Number 59-2015168		Applied For <input type="checkbox"/>	Not Applied <input type="checkbox"/>
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
City & State		City & State		Name		Street Address (P.O. Box Number is Not Acceptable)	
Zip	Country	Zip	Country	City		FL	Zip Code

906337



DO NOT WRITE IN THIS SPACE

AXELROD, ROXANNE B 7 SURREY ROAD PALM BEACH GDNS. FL 33418				Name Street Address (P.O. Box Number is Not Acceptable) City				FL	Zip Code
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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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AXELROD, MICHAEL S DDS			NAME			
STREET ADDRESS	7 SURREY RD.			STREET ADDRESS			
CITY-ST-ZIP	PALM BCH. GARDENS FL 33414			CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SILVER, MICHAEL S DDS			NAME			
STREET ADDRESS	13748 ISHNALA CIR.			STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH FL 33414			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 empowerments.

SIGNATURE: *[Signature]* 002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #