2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all affect like empowered

SIGNATURE:

Jan 15, 2002 8:00 am 678478 DOCUMENT # **Secretary of State** 1. Entity Name 01-15-2002 90070 009 ***150.00 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 1501 PRESIDENTIAL WAY, SUITE 15 904592 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2015168 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AXELROD, ROXANNE B Street Address (P.O. Box Number is Not Acceptable) 7 SURREY ROAD PALM BEACH GDNS. FL 33418 City Zip Code 8. The above natibed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Delete TITLE Change AXELROD, MICHAEL J DOC NAME 7 SURREY RD. STREET ADDRESS STREET ADDRESS PALM BCH. GARDENS FL 33414 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SILVER, MICHAEL S DDS NAME STREET ADDRESS 13748 ISHNALA CIR. STREET ADDRESS W PALM BCH FL 33414 CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

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