

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 678478

FILED
Jan 09, 2006
Secretary of State

Entity Name: MICHAEL J. AXELROD, D.D.S. AND MICHAEL S. SILVER, D.D.S., P.A.

Current Principal Place of Business:

1501 PRESIDENTIAL WAY, SUITE 15
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1501 PRESIDENTIAL WAY, SUITE 15
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-2015168 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AXELROD, ROXANNE B
7 SURREY ROAD
PALM BEACH GDNS., FL 33418 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: AXELROD, MICHAEL J DOC
Address: 7 SURREY RD.
City-St-Zip: PALM BCH. GARDENS, FL 33414

Title: PTD () Delete
Name: SILVER, MICHAEL S DDS
Address: 13748 ISHNALA CIR.
City-St-Zip: W PALM BCH, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. AXELROD

VSD

01/09/2006

Electronic Signature of Signing Officer or Director

_____ Date