


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 678478
1. Entity 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 1501 PRESIDENTIAL WAY, SUITE 15
WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE



02242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2015168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000654367
03/13/07-80058-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD AXELROD, MICHAEL J DOC 7 SURREY RD. PALM BCH. GARDENS, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SILVER, MICHAEL S DDS 13748 ISHNALA CIR. W PALM BCH, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption's contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:  **3-1-07** **561-686-2077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #