

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 678478

**FILED**  
**Feb 11, 2011**  
**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:**

MARTIN, MICHAEL  
420 COLUMBIA DRIVE  
SUITE 110  
WEST PALM BEACH, FL 33409 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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL J. AXELROD

VSD

02/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date