

SECRETARY OF THE SENATE
03 AUG 20 PM 1:49

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

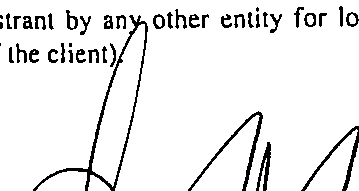
1. Registrant Name <u>LAWRENCE J. SMITH</u>	
2. Address <input type="checkbox"/> Check if different than previously reported <u>3111 STIRLING RD</u> <u>FORT LAUDERDALE, FL 33312</u>	
3. Principal Place of Business (if different from line 2) City: <u>SAME</u> State/Zip (or Country): _____	
4. Contact Name <u>SAME</u> Telephone _____ E-mail (optional) _____	5. Senate ID # <u>35775-</u>
7. Client Name <input type="checkbox"/> Self <u>ATLANTIC SHORES HEALTH CARE, INC</u>	6. House ID # <u>33945</u>

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-December)


9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____ 11. No Lobbying A

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>10,000⁰⁰</u> Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p> 	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate the accounting method. See instructions for description of each method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(c) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature _____



8/12/02

Printed Name and Title _____

Lawrence J. Smith, Sole Proprietor

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PA1

Signature [Handwritten Signature] Date 8/12/03

Printed Name and Title LAWRENCE J. SMITH, SOLE PROPRIETOR

Form I.D. 2 over

Registrant Name LAWRENCE S. SMITH Client Name ATLANTIC SHORES HEALTH CARE, INC

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

X

21. Client new principal place of business (if different from line 20)

City

State/City (or Country)

New general description of client's business or activities

X

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

X

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

X

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

X

Name	Address	Principal Place of Busi (city and state or cour
	X	

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

X

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	C p c
		X		

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant affiliated organization

Signature LS Smith Date 8/12/03
Printed Name and Title Laurence S. Smith, Sole Proprietor