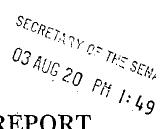
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REPORT

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

1. Registrant Name				
LAWRENCE I. SMITH				
2. Address Check if different than previously reported				
3111 STELING RD	FORT LAUDERDALE, FL	33312		
3. Principal Place of Business (if different from line 2)				
City: SAMe States	Zip (or Country)			
4. Contact Name Telephone	E-mail (optional)	5. Senate ID#		
Same		35775-5		
.7. Client Name Self		6. House ID#		
ATLANTIC SHORES HEALTH CARE, IN	<i>p</i>	3 3 9 4 5		
TYPE OF REPORT 8. Year 2003 Midyea	r (January 1-June 30) 🗹 OR Yea	r End (July 1-Decem		
9. Check if this filing amends a previously filed version of this	report \square			
<u>_</u>	•	11. No Lobbying A		
10. Check if this is a Termination Report □ ⇒ Termination	1 Date	Tr. No Bobbying A		
INCOME OR EXPENSES - Complete Eithe	r Line 12 OR Line 13			
12. Lobbying Firms	13. Organiz	zations		
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying ac period were:	tivities for this repor		
Less than \$10,000 \[\]	Less than \$10,000 \			
\$10,000 or more II => \$ 10,000 00	\$10,000 or more	Expenses (nearest \$20		
Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000,	14. REPORTING METHOD. Chaccounting method. See instructions	eck box to indicate e		
of all lobbying related income from the client (including all	Method A Reporting amounts	Method A. Reporting amounts using LDA definition		
payments to the registrant by any other entity for lobbying activities on behalf of the client).	☐ Method B. Reporting amounts	under section 60336		
7/	Internal Revenue C			
	Method C. Reporting amounts Internal Revenue (

Signature		IJ) No	//[7\			8/12	0
Printed Name and Title_	V	4	wre	be	J. Smith, Sove Peoperetor	•	;/ I	

PAI

7.600

Registrant Name	-SMITH CI	ent Name 🖊	HLAWTIC SI	HAPES HEALTH !	GRE, I
LOBBYING ACTIVITY. Select as rengaged in lobbying on behalf of the conformation as requested. Attach additional actions are requested.	lient during the r	eporting po	reflect the gene eriod. Using a s	eral issue areas in w separate page for e	hich the
15. General issue area code BUD	(one per pa	ge)			
16. Specific lobbying issues D.C.A	. ebou PPEORIATION	Seite		1040 a.o. Ai	
	6.				
17. House(s) of Congress and Federal U.S. House U.S. Sent	OCBP.	ted	☐ Check if	None	
	E 4				
18. Name of each individual who acte	d as a lobbyist in	n this issue	area	in only 1996 Filting 1 Turns	
LAURence J. SMITH			Coveted	Difficial Position (if application) UTGC 1876	able)
an	***************************************				ок. У .
equita equita	UKB Crass		Titing	Ardinis 	,
(AT)					Amoorasa Ja
········					ش
		,\	1.4		
19. Interest of each foreign entity in the s	pecific issues lister			Check if None	

Signature		Date	8/12/03
Printed Name and Title	LAweense J.	SMITH, SOLE PROPRIETOR	
Form I D 2			Down

		ent Name ATLANTIC SHA	
Information Update Page - Co	omplete UNLY whe	ere registration information h	as changed.
20. Client new address			
	<u> </u>		
21. Client new principal place of business (if dif	fferent from line 20)	,	
City	State	(or Country)	
New general description of client's business	s or activities	,	
		\checkmark	
LOBBUIGHTING	·	<u> </u>	
LOBBYIST UPDATE 23. Name of each previously reported	individual who is no	n longer expected to act as a lo	hhvist for the client
and the or of out providually reported	marriadar who is m	o longer expected to act as a to-	object of the cheff
		<u> </u>	,
ISSUE UPDATE			
24. General lobbying issues previously	y reported that no lo	nger pertain	
		<u></u>	
AFFILIATED ORGANIZATION			
25. Add the following affiliated organ	ization(s)	X	
Name		Address	Deineited Discussion
Name		Address	Principal Place of Bus (city and state or cou
		••••	***************************************
		X	
26. Name of each previously reported	organization that is	no longer affiliated with the re	egistrant or client
		X	
FOREIGN ENTITIES			
27. Add the following foreign entities		· •	
Name	Address	Principal place of business (city and state or country)	

	\wedge	1 `	
/	<u> </u>	·	
28. Name of each previously reported	foreign antity that n	o longer owns, <u>or</u> controls, <u>or</u>	is affiliated with the registrar
affiliated organization	/ n. 1		
/ / () Filing #2d3e	\	0-be54b924d949 - Page 5 of 6	

Signature		YX	///10)		Date	8/12/03
Printed Name and Title	Lowe	ence	K 2	WITH SHE PROPRIETOR		1 1