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03 FEB 24 PM 12:

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. 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	Telephone	E-mail (optional)	5. Senate ID #
	<u>SAME</u>		<u>35775-</u>
7. Client Name	<input type="checkbox"/> Self		6. House ID #
<u>ATLANTIC SHORES HEALTHCARE, INC.</u>			<u>33945</u>

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇨ \$ 20,000.00
Income (nearest \$20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

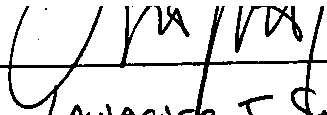
Less than \$10,000

\$10,000 or more ⇨ \$ _____
Expenses (nearest \$)

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of

- Method A. Reporting amounts using LDA definition
- Method B. Reporting amounts under section 6033 Internal Revenue Code
- Method C. Reporting amounts under section 162 Internal Revenue Code

Signature _____



Printed Name and Title _____

LAWRENCE J. SMITH, SOLE PROPRIETOR

Registrant Name Lawrence J. Smith Client Name ATLANTIC SHORES HEALTH CARE, INC

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code ACR (one per page)

16. Specific lobbying issues

Non-Specific

17. House(s) of Congress and Federal agencies contacted

Check if None

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<u>LAWRENCE J. SMITH</u>
.....
.....
.....
.....
.....
.....

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

[Handwritten Signature]

Signature LSM Date 2/7/03

Printed Name and Title Lawrence J. Smith, Sole Proprietor

Form LD 2 (Rev 6/98)

Pag

Registrant Name LAWRENCE J. SMITH Client Name ATLANTIC SHORES HEALTHCARE, 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/Zip (or Country)

X

22. 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)

Name	Address	Principal Place of Busin (city and state or coun
	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

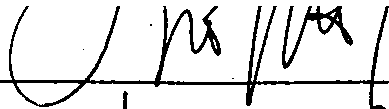
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	O pe cl
		X		

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

[Handwritten signature]

X

Signature



Date

2/2/03

Printed Name and Title

LAWRENCE J. SMITH, SOLE PROPRIETOR

Form I.D. 2 6/00

Page