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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

19-96 B- 2458-NC

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Corporation	MENT # H6830 REID ORANBURG, M.D., I	` '						
Principal Place of Business * PHILIP REID ORANBURG 1590 NW 10TH AVE SUITE 404 BOCA RATON FL 33486		Mailing Address						
		% PHILIP REID ORANBURG 1590 NW 10TH AVE SUITE 404 BOCA RATON FL 33486		Date Incorporated or Qualified				
					07/26/1985	03	3/17/199	95
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21 Suite, Apt. #	#. etc.	Suite, Apt. #, etc.			59-2558301			Not Applicable Additional
22		27			5. Certificate of Status Desired			Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for			
14	25 9. Name and Address of Curre	29	30			es No	A	· · · · · · · · · · · · · · · · · · ·
	5. Haine and Address of Cure	nit negistered Agent		81 Name	10. Name and Address of New	registered .	Agent	-
1590 NW	IRG, PHILIP REID / 10TH AVE., SUITE 404 ATON EL 33486			82 Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33486				84 City	····	FL	85 Zı	o Code
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Florida Statul	tes, the abo	ve-named corp	poration submits this statement for the p	ourpose of cha	anging its r	egistered office
or registere familiar with SIGNATURE _	o the provisions of Sections 607.050 and agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida. Such change was authoriz ction 607.0505, Florida Statutes	zed by the c s.	orporation's bo	poration submits this statement for the poard of directors. I hereby accept the appropriate the properties of the proper	ourpose of cha	anging its r registered	egistered office agent. I am
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Daytime Phone #