## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H68307

(8)

Mailing Address

PHILIP REID ORANBURG, M.D., P.A.

**FILED** Feb 26 1997 8:00am Secretary of State

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% PHILIP REID ORANBURG 1590 NW 10TH AVE SUITE 404 BOCA RATON FL 33486		1590 NW 10TH AVE S	% PHILIP REID ORANBURG 1590 NW 10TH AVE SUITE 404 BOCA RATON FL 33486-1316							
,						3. Date Incorporated or Qualified 07/26/1985	3a. Date o 03/19/		eport	
2. Principal F	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·			4. FEI Number		Ap	plied For	
21		26	26 Suite, Apt. #, etc.			59-2558301		No	t Applicable	
Suite Apt 22	.# etc.	<u></u> 1				5. Certificate of Status Desired See Require				
City & Sta 23	State City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Ζιρ <b>24</b>	Country 25	Z(p <b>29</b>	·			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	<ol><li>Name and Address of Cu</li></ol>	rrent Registered Agent				10. Name and Address of New Reg	istered Age	nt		
OR	anburg, Philip Reid			81	Name					
1590 NW 10TH AVE., SUITE 404 BOCA RATON FL 33486					Street Add	reet Address (P.O. Box Number is Not Acceptable)				
				83						
			-	84	City		FL <sup>8</sup>	5 Zip (	Code	
<b>11.</b> Pursuant office or agent. I	to the provisions of Sections 607, registered agent, or both, in the S arr familiar with, and accept the o	.0502 and 607 1508, Florida Sta Itato of Florida. Such change wa bligations of, Section 607.0505,	atutes, the ab as authorized Florida Stati	oove d by utes	-named co the corpor	rporation submits this statement for the pa ation's board of directors. I hereby accep	urpose of cha the appoint	inging it ment as	s registered registered	
SIGNATURE	Signature typing or production as other stores	d aucet and title if soulzable (f)	MOTE Registered	1 400	nl cionalure reco	uired when reinstating)	DATE			
12,	., ., ., .,	AND DIRECTORS	13.	- Age	ill signature req	ADDITIONS/CHANGES TO OFFIC		RECTOF	RS IN 12	
TOLE	PD	<b>DELETE</b>	1.1 101	LE				Change	Addition	
NAME	ORANBURG, PHILIP REID		1,2 NA	ME						
STREET ADDRESS	4450 NW 24TH AVENUE		1.3 \$1	REET	ADDRESS					
CITY-S1-7IP	BOCA RATON FL		1.4 CI	ry-s	T-ZIP					
TITLE		DELETE	2.1 10	LE				Change	Addition	
NAME			2.2 NA	ME						
STREET ADDRESS			2.3 ST	REET	ADDRESS					
CO1Y+\$1+70P		.,	2. 4 C	TY-S	T-7iP					
31111		☐ DETELE	3.1 TH	L F.				Change	Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	HEET	ADDRESS					
C(TY+ST+7)P			3 4. C(	*****	T·ZIP		·-····			
THLE		☐ DELETE	4.1 111				LJ	Change	Addition	
NAME			4 2 N	AME						
STREET ADDRESS					ADDRESS					
CITY-ST-709		D priese	4.4 CI	******	T-ZIP			05	A Delegation	
TIBLE		L DELETE	51 TIT		ŀ		L	Change	Addition	
NAME			5.2 NA							
STPELL ADDRESS					ADDRESS					
CITY-ST-7IP		DELETE	5.4 CI		I - ZIP		····	Change	Addition	
TITLE		□ nere it	6.1 111				Ll	กเหมใช	L. Hadridal	
NAME emple LADDOCCE			6.2 NA		ADDDCCC					
STREET ADDRESS					ADDRESS					
CiTY-S1-ZiP		Cont. St. Mile Cline deep and a	6.4 CI			od in Spotion 110 07/2\(i) Florida Statutos	I devide a a a	etil sh es	4la -	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or or an attachment with an address.

SIGNATURE:

RECUMED

Day; me H one #

Date