## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H68307

City-St-Zip: BOCA RATON, FL 33486

Entity Name: PHILIP REID ORANBURG, M.D., P.A.

FILED Jan 08, 2007 Secretary of State

Current F	Principal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
1590 NW	REID ORANB 10TH AVE., SI ATON, FL 3348	JITE 404			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1590 NW	REID ORANB 10TH AVE., SI ATON, FL 3348	JITE 404			
FEI Numbe	r: 59-2558301	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name an	d Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1590 NW	IRG, PHILIP RE 10TH AVE., SI ATON, FL 3348	JITE 404			
	e named entity te of Florida.	submits this statement for the	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATL	JRE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	ampaign Financir	g Trust Fund Contribution ( ).			
OFFICER	RS AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	DR. ( ORANBURG, F		Title: Name:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP R. ORANBURG MD 01/08/2007