

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H68307

FILED  
Apr 20, 2010  
Secretary of State

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

**Current Principal Place of Business:**

% PHILIP REID ORANBURG  
1590 NW 10TH AVE., SUITE 404  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

% PHILIP REID ORANBURG  
1590 NW 10TH AVE., SUITE 404  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 59-2558301      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ORANBURG, PHILIP REID  
1590 NW 10TH AVE., SUITE 404  
BOCA RATON, FL 33486      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: ORANBURG, PHILIP R  
Address: 1590 NW 10TH AVE #404  
City-St-Zip: BOCA RATON, FL 33486

I hereby 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 all other like empowered.

SIGNATURE: PHILIP REID ORANBURG, MD

DR

04/20/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date