

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H68307

**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

**Current Mailing Address:**

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

**FEI Number:** 59-2558301

**Certificate of Status Desired:** Yes

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

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

*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

**Officer/Director Detail :**

Title DR.  
Name ORANBURG, PHILIP R  
Address 1590 NW 10TH AVE #404  
City-State-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 R ORANBURG

**OFFICER**

**01/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date