

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000151068

**Entity Name:** PROACTIVE M.D., INC.

**Current Principal Place of Business:**

1590 N.W. 10TH AVENUE  
404  
BOCA RATON, FL 33486

**Current Mailing Address:**

1590 N.W. 10TH AVENUE  
404  
BOCA RATON, FL 33486

**FEI Number:** 51-0528162

**Certificate of Status Desired:** No

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

NOWICKI, MARK J  
480 MAPLEWOOD DRIVE  
SUITE 2  
JUPITER, FL 33458-5845 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 PSD  
Name ORANBURG, PHILIP REID M.D.  
Address 1590 N.W. 10TH AVENUE, SUITE 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 REID ORANBURG

**PRESIDENT**

**04/10/2014**

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

\_\_\_\_\_  
Date