SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Aug 02, 1999 8:00 am
Secretary of State
08-02-1999 90002 005 ***550.00

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DOCUMENT # 686900
1. Corporation Name

ROBERT OWEN BUCKMAN, M.D., P.A.

Principal Place of Business	Mailing Address
1645 PALM BEACH LAKES BLVD. #440 WEST PALM BEACH FL 33401	1645 PALM BEACH LAKES BLVD. #440 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/08/1980**		

2. Principal Place of Business **21**	2a. Mailing Address **26**	4. FEI Number **59-2040189**	Applied For / Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **24**	Country **25**	Zip **29**	Country **30**	8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
BUCKMAN, ROBERT OWEN, M.D. 1645 PALM BEACH LAKES BLVD STE 440 WEST PALM BEACH FL 33401	**81** Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	**85** Zip Code
		FL	

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME BUCKMAN, ROBERT OWEN		1.2 NAME	
STREET ADDRESS 1665 PALM BCH LK BLVD		1.3 STREET ADDRESS	-1645 PALM BCH LK BLVD)
CITY-ST-ZIP WEST PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

14. I 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 on an attachment with an address.

SIGNATURE: _Robert H. Buckman_ M.D. 7/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #