

**2005 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 06, 2005  
Secretary of State**

DOCUMENT# 686900

Entity Name: ROBERT OWEN BUCKMAN, M.D., P.A.

**Current Principal Place of Business:**

470 COLUMBIA DR  
201-A  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

470 COLUMBIA DR  
201-A  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

FEI Number: 59-2040189      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BUCKMAN, ROBERT OWEN, M.D.  
470 COLUMBIA DR  
201-A  
WEST PALM BEACH, FL 33409 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: ROBERT O. BUCKMAN, M.D.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BUCKMAN, ROBERT OWEN,  
Address: 470 COLUMBIA DR 201-A  
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT O. BUCKMAN, M.D.

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

P

10/06/2005

\_\_\_\_\_  
Date