


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 08:00 AM
Secretary of State

DOCUMENT # 686900
 1. Entity Name
ROBERT OWEN BUCKMAN, M.D., P.A.



Principal Place of Business Mailing Address
470 COLUMBIA DR **470 COLUMBIA DR**
201-A **201-A**
WEST PALM BEACH, FL 33409 **WEST PALM BEACH, FL 33409**

DO NOT WRITE IN THIS SPACE



08162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2040189 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BUCKMAN, ROBERT OWEN, M.D.
470 COLUMBIA DR
201-A
WEST PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BUCKMAN, ROBERT OWEN
STREET ADDRESS	470 COLUMBIA DR 201-A
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000574987
 08/22/06-80007-004 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Robert Owen Buckman* 8/16/06 (561) 684-7703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #