2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 686900

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

FILED Oct 16, 2009 Secretary of State

Current Pr	incipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
470 COLUMBIA DR 201-A					
	M BEACH, F	L 33409			
Current Ma	ailing Addre	ss:	New Mailing Address	New Mailing Address:	
470 COLUMBIA DR 201-A					
WEST PAL	.M BEACH, F	L 33409			
FEI Number:	59-2040189	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
470 COLUI 201-A	I, ROBERT O MBIA DR .M BEACH, F	,			
The above in the State	,	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: ROBER	BUCKMAN			
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BUCKMAN, RO 470 COLUMBI		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 BUCKMAN PRES 10/16/2009