

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 686900

FILED  
Jan 09, 2012  
Secretary of State

**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 ( )

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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: ROBERT BUCKMAN

PRES

01/09/2012

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

\_\_\_\_\_ Date