

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90082 029 ***150.00

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



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

Mailing Address
**1645 PALM BEACH LAKES BLVD. #440
WEST PALM BEACH FL 33401**



2. Principal Place of Business
**470 Columbia Dr.
Suite, Apt. #, etc. 201-A**

3. Mailing Address
**470 Columbia Dr.
Suite, Apt. #, etc. 201-A**

CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach

City & State
West Palm Beach

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

7. Name and Address of New Registered Agent

**BUCKMAN, ROBERT OWEN, M.D.
1645 PALM BEACH LAKES BLVD STE 440
WEST PALM BEACH FL 33401**

Name
Street Address (P.O. Box Number is Not Acceptable)
**470 Columbia Dr
201-A**
City **West Palm Beach FL** Zip Code **33409**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P BUCKMAN, ROBERT OWEN**
STREET ADDRESS **1645 PALM BEACH LK BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS **470 Columbia Drive 201-A**
CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: Robert Owen Buckman, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Jan. 17, 2003 Daytime Phone # 561-684-7703

CR2E034 (10/02)