

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

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

**Current Mailing Address:**

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

**FEI Number:** 59-2040189

**Certificate of Status Desired:** Yes

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

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

*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

**Officer/Director Detail :**

Title P  
Name BUCKMAN, ROBERT OWEN  
Address 470 COLUMBIA DR 201-A  
City-State-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 OWEN BUCKMAN

**PRESIDENT**

**04/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date