

P1000060228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

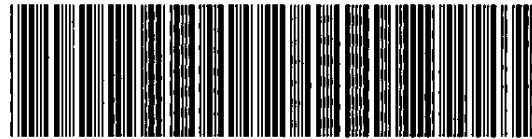
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: GAVE

D. J. Jones
AUTHORIZATION BY PHONE TO
CORRECT Verify corp name
correct Article III - incorporate
DATE _____
DOC. EXAM PS

Office Use Only



600182613666

07/01/10--01030--011 **78.75

APPROVED
AND
FILED

10 JUL 22 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1-31699
PS 7/2/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 JUL 22 PM 12:13

DIVISION OF CORPORATIONS

July 2, 2010

ALLEN FURIA MD PA
1800 N FEDERAL HWY, SUITE 110
POMPANO BEACH, FL 33062

SUBJECT: ALLEN FURIA MD PA
Ref. Number: W10000031699

We have received your document for ALLEN FURIA MD PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The specific business purpose of the professional association must be stated in the document.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 110A00016283

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Allen Furia MD PA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1300 N. Federal Highway, Suite 110
Pompano Beach, FL 33062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pediatric medical practice

ARTICLE IV SHARES

The number of shares of stock is:

One hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Allen F. Furia

4240 NE 22 Terrace
Lighthouse Point, FL 33064

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Allen Frank Furia MD 4240 NE 22 Terrace, Lighthouse
Point, Florida, 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Allen Frank Furia

4240 N.E. 22 Terrace
Lighthouse Point, FL 33064

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Allen F. Furia MD

Signature/Registered Agent

Allen F. Furia MD

Signature/Incorporator

6-24-2010

Date

6-24-2010

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 22 PM 1:50

APPROVED
AND
FILED

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Allen Frank Furia MD PA

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Allen ~~Frank~~ Furia MD PA

Name (Printed or typed)

1800 North Federal Highway Suite 110

Address

Pompano Beach, Florida, 33062

City, State & Zip

954-941-5731

Daytime Telephone number

afmd34@aol.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.