

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000060228

**Entity Name:** ALLEN FURIA MD PA

**Current Principal Place of Business:**

4701 N FEDERAL HWY, SUITE 370  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

4701 N FEDERAL HWY, SUITE 370  
POMPANO BEACH, FL 33064 US

**FEI Number:** 26-3549264

**Certificate of Status Desired:** No

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

FURIA, ALLEN FRANK MD  
4240 NE 22 TERRACE  
LIGHTHOUSE POINT, FL 33064 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 D  
Name FURIA, ALLEN F  
Address 4240 NE 22 TERRACE  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*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:** ALLEN FURIA

**PRESIDENT**

**01/13/2017**

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

\_\_\_\_\_  
Date