

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000091035

Entity Name: F. LURIE, M.D., P.A.

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5162 LINTON BLVD  
S-103  
DELRAY BEACH, FL 33484 US

**New Principal Place of Business:**

**Current Mailing Address:**

5162 LINTON BLVD  
S-103  
DELRAY BEACH, FL 33484 US

**New Mailing Address:**

FEI Number: 65-0616893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KERN, KEITH D ESQ  
50 SE 4TH AVE  
DELRAY BEACH, FL 33483 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: PSD  
Name: LURIE, FAYVA M.D.  
Address: 5162 LINTON BLVD. #103  
City-St-Zip: DELRAY BEACH, FL 33484

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: FAYVA LURIE

PRES

04/13/2011

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

\_\_\_\_\_  
Date