

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000157176

**Entity Name:** ABRAHAM WAGNER, DPM, P.A.

**Current Principal Place of Business:**

3700 WASHINGTON STREET  
#403  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3700 WASHINGTON STREET  
#403  
HOLLYWOOD, FL 33021 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WAGNER, ABRAHAM  
3700 WASHINGTON STREET  
#403  
HOLLYWOOD, FL 33021 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 DR.  
Name WAGNER, ABRAHAM DPM  
Address 3700 WASHINGTON STREET  
#403  
City-State-Zip: HOLLYWOOD FL 33021

Title DR  
Name WAGNER, ABRAHAM DPM  
Address 3700 WASHINGTON STREET  
#403  
City-State-Zip: HOLLYWOOD FL 33021

*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:** ABRAHAM WAGNER

**PRESIDENT**

**02/09/2021**

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

\_\_\_\_\_  
Date