

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000060799

Entity Name: FOURSTRONG M.D., P.A.

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

15757 PINES BLVD  
182  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

15757 PINES BLVD  
182  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

FEI Number: 27-3098829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STRONG, DAVID E  
19610 E. OAKMONT DRIVE  
HIALEAH, FL 33015 US

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

STRONG, DAVID E  
15757 PINES BLVD  
SUITE #182  
PEMBROKE PINES, FL 33027 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: DAVID STRONG MD

02/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STRONG, DAVID E  
Address: 15757 PINES BLVD. SUITE#182  
City-St-Zip: PEMBROKE PINES, FL 33027 US

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: DAVID STRONG MD

P

02/08/2012

Electronic Signature of Signing Officer or Director

Date