

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059699

1. Entity Name
ROBIN STRAUS FURLONG, M.D., P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 17 AM 9:31

Principal Place of Business Mailing Address
1331 97TH STREET 1331 97TH STREET
BAY HARBOR ISLAND FL 33154 BAY HARBOR ISLAND FL 33154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1048 Kane Concourse 1048 Kane Concourse
 Suite, Apt. #, etc. Suite, Apt. #, etc.
102 102

City & State City & State
Bay Harbor Islands, FL Bay Harbor Islands, FL

4. FEI Number Applied For
65-1017310 Not Applicable

Zip Country Zip Country
33154 USA 33154 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRAUS, ARNOLD M JR, ESQ
10081 PINES BLVD SUITE C
PEMBROKE PINES FL 33024

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FURLONG, ROBIN STRAUS 1331 97TH STREET BAY HARBOR ISLAND FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

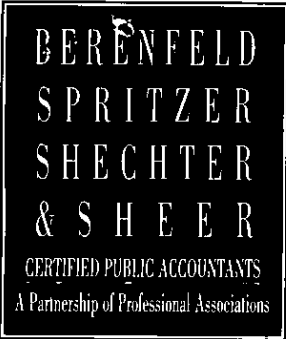
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS STRAUS-FURLONG, ROBIN 1048 Kane Concourse Suite 102 Bay Harbor Islands, FL 33154	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004549227--2 -08/22/01--01076--010 ****150.00 ****150.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robin Straus Furlong **ROBIN STRAUS FURLONG** 7/26/01 (305) 865-5439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

-2-



August 1, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Robin Straus Furlong, M.D., P.A.
FEIN: 65-1017310

Dear Sirs,

Enclosed please find a check in the amount of \$150.00 in payment of 2001 Uniform Business Report for Robin Straus Furlong, M.D., P.A. The original report was mailed to the corporation's lawyer and was not forwarded to them. The corporation was incorporated in 2000 and they were not aware that they had to file this return or of the May 1st due date.

Due the circumstances mentioned above, we respectfully request abatement of all penalties due to the late filing of this report.

If you should have any questions, please do not hesitate in calling.

Very truly yours,

BERENFELD, SPRITZER, SHECHTER & SHEER

PHILIP J. SHECHTER, CPA

PJS/vlr

Enclosures

cc: Robin Straus Furlong, M.D., P.A.

REPLY:

MIAMI OFFICE

9655 South Dixie Hwy., Third Floor, Miami, Florida 33156
Telephone: (305) 274-4600 Telefax: (305) 274-4601

WESTON OFFICE

2237 N. Commerce Parkway, Suite 3, Weston, Florida 33326
Telephone: (954) 370-2727 Telefax: (954) 370-2776