

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059699

**FILED**  
**Jun 30, 2006**  
**Secretary of State**

**Entity Name:** ROBIN STRAUS FURLONG, M.D., P.A.

**Current Principal Place of Business:**

1145 KANE CONCOURSE  
BAY HARBOR ISLAND, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

1145 KANE CONCOURSE  
BAY HARBOR ISLAND, FL 33154

**New Mailing Address:**

FEI Number: 65-1017310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: FURLONG, ROBIN STRAUS  
Address: 1048 KANE CONCOURSE STE 102  
City-St-Zip: BAY HARBOR ISLAND, FL 33104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: FURLONG, ROBIN STRAUS  
Address: 1145 KANE CONCOURSE  
City-St-Zip: BAY HARBOR ISLAND, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBIN STRAUS-FURLONG

DR

06/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date