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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S28304

(1)

1. Corporation Name
FURLONG AND FURLONG, M.D., P.A.

Principal Place of Business

4302 ALTON ROAD
SUITE 830
MIAMI BEACH FL 33140

Mailing Address

4302 ALTON ROAD
SUITE 830
MIAMI BEACH FL 33140-2893

3. Date Incorporated or Qualified
01/30/1991

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

21 4300 Alton Road

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Miami Beach, FL

27 City & State

24 Zip

33140

Country

29 Zip

Country

4. FEI Number
65-0238959

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FURLONG, ROBERT, M.D.,
4302 ALTON ROAD, SUITE 830
MIAMI FL 33140

10. Name and Address of New Registered Agent

81 Name
Alyson R. Serell
82 Street Address (P.O. Box Number is Not Acceptable)
4300 Alton Road
83
84 City
Miami Beach, FL 85 Zip Code
33140

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D FURLONG, PAUL J. M.D. ☒ DELETE
NAME
STREET ADDRESS 4302 ALTON ROAD, #830
CITY-ST-ZIP MIAMI BEACH FL

TITLE D FURLONG, ROBERT M.D. ☒ DELETE
NAME
STREET ADDRESS 4302 ALTON ROAD, #830
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Fred D. Hirt
1.3 STREET ADDRESS 4300 Alton Road
1.4 CITY-ST-ZIP Miami Beach, FL 33140

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Robert J. Henkel
2.3 STREET ADDRESS 4300 Alton Road
2.4 CITY-ST-ZIP Miami Beach, FL 33140

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Larry Hudson
3.3 STREET ADDRESS 4300 Alton Road
3.4 CITY-ST-ZIP Miami Beach, FL 33140

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director/Secretary

2/18/97

(305) 674-2143

CR2E034 (9/96)