


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000093472	
1. Entity Name JACK L. HARARI, MD, P.L.	

Principal Place of Business 501 LIDO DRIVE FORT LAUDERDALE, FL 33301	Mailing Address 501 LIDO DRIVE FORT LAUDERDALE, FL 33301
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01302008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2054427	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BLACK, WILLIAM R ESQUIRE
 2691 E. OAKLAND PARK BLVD.
 SUITE 402
 FORT LAUDERDALE, FL 33306

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARARI, JACK L MD 501 LIDO DRIVE FORT LAUDERDALE, FL 33306
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 02/13/08-80069-021 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Jack L. Harari* 1/30/08 (954)295-6356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #