

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000093472

**FILED  
Jan 05, 2011  
Secretary of State**

**Entity Name:** JACK L. HARARI, MD, P.L.

**Current Principal Place of Business:**

501 LIDO DRIVE  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

501 LIDO DRIVE  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 20-2054427      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HARARI, JACK L MD  
**Address:** 501 LIDO DRIVE  
**City-St-Zip:** FORT LAUDERDALE, FL 33306

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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, MD      MGRM      01/05/2011

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date