

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101860

Entity Name: JACK L. HARARI, M.D., P.A.

**FILED**  
**Apr 20, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

C/O QUALITY MEDICAL MANAGEMENT, L.C.  
3900 HOLLYWOOD BLVD. SUITE 101  
HOLLYWOOD, FL 33021 US

**Current Mailing Address:**

C/O QUALITY MEDICAL MANAGEMENT, L.C.  
3900 HOLLYWOOD BLVD. SUITE 101  
HOLLYWOOD, FL 33021 US

FEI Number: 20-1343178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

C/O QUALITY MEDICAL MANAGEMENT, L.C.  
501 LIDO DRIVE  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

C/O QUALITY MEDICAL MANAGEMENT, L.C.  
PO BOX 813729  
HOLLYWOOD, FL 330813729 US

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

STERN, STEVEN J  
C/O QUALITY MEDICAL MANAGEMENT, L.C.  
3900 HOLLYWOOD BLVD. SUITE 101  
HOLLYWOOD, FL 33021 US

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

STERN, STEVEN J  
5401 POLK STREET  
HOLLYWOOD, FL 33021 US

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

04/20/2006

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: HARARI, JACK L  
Address: C/O QMM, 3900 HOLLYWOOD BLVD. SUITE 101  
City-St-Zip: HOLLYWOOD, FL 33021 US

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

Title: DPS (X) Change ( ) Addition  
Name: HARARI, JACK L  
Address: 501 LIDO DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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: JACK L HARARI

Electronic Signature of Signing Officer or Director

P

04/20/2006

Date