

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093472

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

Current Principal Place of Business:

501 LIDO DRIVE
FORT LAUDERDALE, FL 33301

Current Mailing Address:

501 LIDO DRIVE
FORT LAUDERDALE, FL 33301

FEI Number: 20-2054427

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLACK, WILLIAM RESQUIRE
4250 NE 16 AVENUE
OAKLAND PARK, FL 33334 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

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name HARARI, JACK LMD
Address 501 LIDO DRIVE
City-State-Zip: FORT LAUDERDALE FL 33306

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACK L HARARI

MGRM

01/11/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date