## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

1998 DOCUMENT #

HARARI, PORTER, BROWN & CHITTY, M.D., P.A.

## **FILED** May 07 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address		1	GLI GIBYL OLDY OLDY BIORY BIBYL 1901
1100 N.W. 95TH ST. 1100 N.W. 95TH ST. MIAMI FL 33150 MIAMI FL 33150				DO NOT WEITE IN	THE CRACE
ł				3. Date Incorporated or Qualified	THIS SPACE
				12/27/1982	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 5401 Pe	LK STREET	59-2256221	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional
City & Sta		City P. State			Fee Hequired
23		City & State  Porcywood	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	B. This corporation owes or has paid the	
24	25	20 33021	30	Personal Property Tax due June 30.	<b>—</b> ' — '
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regist	ered Agent
į.	WEN, JUDSON L. HI		81 Name		
555 N.E. 15 STREET			82 Street Addre	ess (P.O Box Number is Not Acceptable)	
#516			•		
ļ MI	AMI FL 33132		83		
]			64 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	es the above-named coro	oration submits this statement for the purp	FL as Especial
1 Ollice or i	registered agent, or both, in the Statem familiar with, and accept the obli	e of Florida. Such change was a	uthorized by the corporati	on's board of directors. I hereby accept th	e appointment as registered
SIGNATURE	The opposite the o	gamona or, occitor 667,0303, 110	nda Olaldies.		
	Signature, typed or printed name of registered as		Angistered Agent signature require	od when reinstating)	DATE
12.	OFFICERS AT	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
THILE	PORTER, JAMES W., M.D.	DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	1100 N W 95TH ST		1.2 NAME		
CITY-ST-ZIP	MIAMI FL		1.3 STREET ADDRESS		
TITLE	DT	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	BROWN, FREDERICK G., MI	· · · · · · · · · · · · · · · · · · ·	2.2 NAME		C) OverSe C) vocition
STREET ADDRESS	1100 N W 95TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	Miami Fl.		2 4 CITY-ST-ZIP		
TITLE	DP	DELETE	31 TITLE		Change Addition
NAME	HARARI, JACK L M.D.		3.2 NAME		·
STREET ADDRESS	1100 NW 95TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY - ST - ZIP		
TITLE	DV KADEN B MD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHITTY, KAREN B M.D. 1100 NW 95TH ST		4. 2 NAME		
STREET ADDRESS	MIAMI FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D D	☐ DELETE	4.4 CITY - ST - ZIP		Change Ladding
NAME .	TEPLITSKY, MARINA MD	□ better	5.1 THILE		L Change L. Addition
STREET ADDRESS	1100 NW 95TH ST		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY-ST-ZIP		
	certify that the information supplied v	with this filing does not qualify for		Section 119 07(3)(i) Florida Statutes I furth	or 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.