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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90115 019 \*\*\*150.00

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1. Corporation Name  
HARARI, PORTER, BROWN & CHITTY, M.D., P.A.

Principal Place of Business

1100 N.W. 95TH ST.  
MIAMI FL 33150

Mailing Address

5401 POLK ST  
HOLLYWOOD FL 33021  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1982

4. FEI Number

59-2256221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

OWEN, JUDSON L. III  
555 N.E. 15 STREET  
#516  
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

155 NW 167 STREET

83

Suite 200

84 City

NORTH MIAMI BEACH

85 Zip Code

FL 33169

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS  
NAME PORTER, JAMES W., M.D.  
STREET ADDRESS 1100 N W 95TH ST  
CITY-ST-ZIP MIAMI FL

TITLE DT  
NAME BROWN, FREDERICK G., MD  
STREET ADDRESS 1100 N W 95TH ST  
CITY-ST-ZIP MIAMI FL

TITLE DP  
NAME HARARI, JACK L M.D.  
STREET ADDRESS 1100 NW 95TH ST.  
CITY-ST-ZIP MIAMI FL

TITLE DV  
NAME CHITTY, KAREN B M.D.  
STREET ADDRESS 1100 NW 95TH ST  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME TEPLITSKY, MARINA MD  
STREET ADDRESS 1100 NW 95TH ST  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE DS  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE DV  
5.2 NAME PIRKLE, MICHAEL  
5.3 STREET ADDRESS 1100 NW 95 ST.  
5.4 CITY-ST-ZIP MIAMI, FL 33150

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
FREDERICK BROWN

4-27-91

(305) 493-0079

CR2E034 (11/98)