

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90033 044 ***150.00

DOCUMENT # G46049

1. Entity Name

HARLAN S. CHIRON, M.D., P.A.

Principal Place of Business

Mailing Address

South Florida Orthopedic Assoc. "SAME"
 4675 Ponce De Leon Blvd., Suite 203
 Coral Gables, FL 33146
 US

658457

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2305406

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIRON, HARLAN S. MD
 4675 PONCE DE LEON BLVD.
 SUITE 203
 CORAL GABLES, FL 33146

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00.
After MAY 1, 2001, Fee will be \$550.00.
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CHIRON, HARLAN S MD 4675 PONCE DE LEON BLVD., #203 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (1/100)

13. 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 report or supplemental 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 11 or Block 12 if changed.

Sign Here

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #