2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2012
Secretary of State

DOCUMENT# G46049

Entity Name: HARLAN S. CHIRON, M.D., P.A.

Current Principal Place of Business:

SOUTH FLORIDA ORTHOPEDIC ASSOC
4675 PONCE DE LEON BLVD, STE 203
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

SOUTH FLORIDA ORTHOPEDIC ASSOC
4675 PONCE DE LEON BLVD, STE 203
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 59-2305406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PDT
Name: CHIRON, HARLAN S MD
Address: 4675 PONCE DE LEON BLVD., STE. 203
City-St-Zip: CORAL GABLES, FL 33146

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 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 all other like empowered.

SIGNATURE: HARLAN S CHIRON, MD PDT 01/11/2012

Electronic Signature of Signing Officer or Director Date