

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91367 015 ***150.00

DOCUMENT # G46049 1. Entity Name HARLAN S. CHIRON, M.D., P.A.				DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business SOUTH FLORIDA ORTHOPEDIC ASSOC Suite, Apt. #, etc. 4675 PONCE DE LEON BLVD, STE 203 City & State CORAL GABLES, FL Zip Country 33146 U.S.A.					
3. Mailing Address SOUTH FLORIDA ORTHOPEDIC ASSOC. Suite, Apt. #, etc. 4675 PONCE DE LEON BLVD, STE 203 City & State CORAL GABLES, FL Zip Country 33146 U.S.A.					
DO NOT WRITE IN THIS SPACE				DO NOT WRITE IN THIS SPACE	
4. FEI Number 59-2305406				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of Current Registered Agent Name CHIRON, HARLAN S. MD Street Address (P.O. Box Number is Not Acceptable) 4675 PONCE DE LEON BLVD. STE 203 City CORAL GABLES, FL Zip Code 33146	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT CHIRON, HARLAN S. MD 4675 PONCE DE LEON BLVD., STE 203 CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
12. 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 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4/24/03 3056657649 Daytime Phone #	