

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101860

Entity Name: JACK L. HARARI, M.D., P.A.

FILED
Mar 09, 2007
Secretary of State

Current Principal Place of Business:

C/O QUALITY MEDICAL MANAGEMENT, L.C.
501 LIDO DRIVE
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

501 LIDO DRIVE
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

C/O QUALITY MEDICAL MANAGEMENT, L.C.
PO BOX 813729
HOLLYWOOD, FL 330813729 US

New Mailing Address:

PO BOX 813729
HOLLYWOOD, FL 330813729 US

FEI Number: 20-1343178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERN, STEVEN J
5401 POLK STREET
HOLLYWOOD, FL 33021 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: HARARI, JACK L
Address: 501 LIDO DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JACK HARARI

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03/09/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date