

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G46049

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

Current Principal Place of Business:

SOUTH FLORIDA ORTHOPEDIC ASSOC
P.O. BOX 560547
MIAMI, FL 33256

Current Mailing Address:

SOUTH FLORIDA ORTHOPEDIC ASSOC
P.O. BOX 560547
MIAMI, FL 33256 US

FEI Number: 59-2305406

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIRON, HARLAN S. MD
SOUTH FLORIDA ORTHOPEDIC ASSOC
P.O. BOX 560547
MIAMI, FL 33256 US

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

Officer/Director Detail :

Title PDT
Name CHIRON, HARLAN SMD
Address SOUTH FLORIDA ORTHOPEDIC
 ASSOC
 P.O. BOX 560547
City-State-Zip: MIAMI FL 33256

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

PRESIDENT

01/03/2018

Electronic Signature of Signing Officer/Director Detail

Date