

2016 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
4675 PONCE DE LEON BLVD, STE 203
CORAL GABLES, FL 33146

Current Mailing Address:

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

FEI Number: 59-2305406

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

PHYSICIAN

02/25/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date