

**2013 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

01/24/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date