

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N18600 (9)**  
1. Corporation Name  
**OKEECHOBEE MEDICAL OFFICE ASSOCIATION, INC.**



Principal Place of Business: 1796 HWY. 441 N. P.O. BOX 1307 OKEECHOBEE FL 34973  
Mailing Address: 1796 HWY. 441 N. P.O. BOX 1307 OKEECHOBEE FL 34973

3. Date Incorporated or Qualified: 01/05/1987  
3a. Date of Last Report: 03/31/1995

2. Principal Place of Business: 21 214 N.E. 19th DRIVE  
22 Suite, Apt. #, etc.  
23 City & State: OKEECHOBEE FL.  
24 Zip: 34972 25 Country: U.S.A.  
26 Mailing Address: 214 N.E. 19th DRIVE  
27 Suite, Apt. #, etc.  
28 City & State: OKEECHOBEE FL.  
29 Zip: 34972 30 Country:

4. FEI Number: 65-0352995 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
ABDULLAH, SYED M  
202 N.E. 19TH DRIVE  
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent  
81 Name: JAY BERGER  
82 Street Address (P.O. Box Number is Not Acceptable): 212 N.E. 19th DRIVE  
83  
84 City: OKEECHOBEE FL 85 Zip Code: 34972

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Jay Berger* JAY BERGER DATE: 4/24/96  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	ABDULLAH, SYED M	
STREET ADDRESS	202 N.E. 19TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	VPD	<input checked="" type="checkbox"/>
NAME	BERGER, JAY M	
STREET ADDRESS	212 N.E. 19TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	STD	<input checked="" type="checkbox"/>
NAME	CHAUDHARY, MUHAMMAD A. M	
STREET ADDRESS	206 N.E. 19TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	JAY BERGER		
1.3 STREET ADDRESS	212 N.E. 19th DRIVE		
1.4 CITY-ST-ZIP	OKEECHOBEE FL. 34972		
2.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	MUHAMMAD A. CHAUDHARY		
2.3 STREET ADDRESS	206 N.E. 19th DRIVE		
2.4 CITY-ST-ZIP	OKEECHOBEE FL. 34972		
3.1 TITLE	STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	ZAFAR KURESHI		
3.3 STREET ADDRESS	214 N.E. 19th DRIVE		
3.4 CITY-ST-ZIP	OKEECHOBEE FL. 34972		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Zafar Kureshi* ZAFAR KURESHI DATE: 4/24/96 DAYTIME PHONE #: 941-467-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)