

FILE NOW: FILING FEE IS \$61.25

FILED

**May 13 1997 8:00am
Secretary of State**

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



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| Principal Place of Business 214 NE 19TH DRIVE P.O. BOX 1307 OKEECHOBEE FL 34972 US | Mailing Address 214 NE 19TH DRIVE P.O. BOX 1307 OKEECHOBEE FL 34972-1932 US |
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| 3. Date Incorporated or Qualified 01/05/1987 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0352995 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country |
|---|--|

9. Name and Address of Current Registered Agent
**JAY BERGER
212 NE 19TH DRIVE
OKEECHOBEE FL 34972**

10. Name and Address of New Registered Agent
 81 Name **ZAFAR U. KURESHI**
 82 Street Address (P.O. Box Number is Not Acceptable)
214 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 *Zafar U. Kureshi* **ZAFAR U. KURESHI** DATE **4/20/97**

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 U. Kureshi* **ZAFAR U. KURESHI** DATE: **4/20/97** DAYTIME PHONE: **941-467-4100**

CR2E037 (9/96)