

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 04 1998 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # N18600

1. Corporation Name
Okeechobee Medical Office Association, Inc.

Principal Place of Business: **214 N.E. 19th Drive Okeechobee, FL 34972**
 Mailing Address: **214 N.E. 19th Drive Okeechobee, FL 34972**

Non-Profit

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 210 NE 19th Drive	26 210 NE 19th Drive	65-0352995	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Okeechobee, FL	28 Okeechobee FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 34972	29 34972	30 USA	30 USA
25 USA	29 34972	30 USA	30 USA

3. Date Incorporated or Qualified
1/5/87

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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	Muhammad A. Chaudhary
82 Street Address (P.O. Box Number is Not Acceptable)	206 NE 19th Drive
83	
84 City	Okeechobee
85 State	FL
86 Zip Code	34972

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, 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 I accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: **M. A. Chaudhary** DATE: **5.28.98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	Jay Berger	
STREET ADDRESS	212 NE 19th Drive	
CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	Muhammad A. Chaudhary	
STREET ADDRESS	206 N.E. 19th Drive	
CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	Zafar Kuroshi	
STREET ADDRESS	214 NE 19th Drive	
CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Muhammad A. Chaudhary	
13 STREET ADDRESS	206 NE 19th Drive	
14 CITY-ST-ZIP	Okeechobee, FL 34972	
21 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Zafar Kuroshi	
23 STREET ADDRESS	214 NE 19th Drive	
24 CITY-ST-ZIP	Okeechobee, FL 34972	
31 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Filipe Ladia	
33 STREET ADDRESS	210 NE 19th Drive	
34 CITY-ST-ZIP	Okeechobee, FL 34972	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	100002554611	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-06/10/98--01049--004	
63 STREET ADDRESS	***61.25	
64 CITY-ST-ZIP		

14. I 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 supplement or 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: **Lili D. Lili** DATE: **4/30/98** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)