

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90075 029 ****61.25

DOCUMENT # N18600

1. Entity Name

OKEECHOBEE MEDICAL OFFICE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

210 N.E. 19TH DRIVE
 OKEECHOBEE FL 34972
 US

210 N.E. 19TH DRIVE
 OKEECHOBEE FL 34972
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0352995

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAUDHARY, MUHAMMAD A
206 N.E. 19TH DRIVE
OKEECHOBEE FL 34972

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAUDHARY, MUHAMMAD A 206 N.E. 19TH DRIVE OKEECHOBEE FL 34972	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KURESHI, ZAFAR 214 N.E. 19TH DRIVE OKEECHOBEE FL 34972	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LADIA, FILIPE 210 N.E. 19TH DRIVE OKEECHOBEE FL 34972	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIAZ, MOHAMMAD 204 N.E. 19 DRIVE OKEECHOBEE FL 34972	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTELICES, ARMANDO 212 N.E. 19 DRIVE OKEECHOBEE FL 34972	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABIA, LILIA D MD 210 NE 19TH DR. OKEECHOBEE FL 34972	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LADIA, LILIA D, M.D. 210 N.E. 19TH DRIVE OKEECHOBEE, FL. 34972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGLA FURTURE REQUIRE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-02 (803) 763-6431
 Date Daytime Phone #

CR2E037 (9/01)