


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90018 004 ****61.25

DOCUMENT # N18600

1. Entity Name
OKEECHOBEE MEDICAL OFFICE ASSOCIATION, INC.



Principal Place of Business
210 N.E. 19TH DRIVE
OKEECHOBEE, FL 34972 US

Mailing Address
210 N.E. 19TH DRIVE
OKEECHOBEE, FL 34972 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01132004 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida 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	AKMED, 168AL 202 N.E. 19TH DRIVE OKEECHOBEE, FL. 34972 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	PANGILINAN, TRISTAN 200 N.E. 19TH DRIVE OKEECHOBEE, FL. 34972 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FELIPE LADIA FELIPE 210 N.E. 19TH DRIVE 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	D RIAZ, MOHAMMAD 204 N.E. 19 DRIVE 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	D SANTELICES, ARMANDO 212 N.E. 19 DRIVE 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	D LADIA LADIA, 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

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: Lilia D. Ladia, MD **01-23-04** **(803) 763-6491**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #