


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State


02-09-2006 90046 003 ****61.25

DOCUMENT # N18600 1. Entity Name OKEECHOBEE MEDICAL OFFICE ASSOCIATION, INC.	
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Principal Place of Business 210 N.E. 19TH DRIVE OKEECHOBEE, FL 34972 US	Mailing Address 210 N.E. 19TH DRIVE OKEECHOBEE, FL 34972 US
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DO NOT WRITE IN THIS SPACE

40011698



01182006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0352995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: *[Signature]* DATE: *01-25-06*

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, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAUDHARY, MUHAMMAD A 206 N.E. 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KURESHI, ZAFAR 214 N.E. 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LADIA, FELIPE 210 N.E. 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIAZ, MOHAMMAD 204 N.E. 19 DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTELICES, ARMANDO 212 N.E. 19 DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADIA, LILIA D MD 210 NE 19TH DR. OKEECHOBEE, FL 34972

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered.