


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90033 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**

**66002458**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02282008 Chg-NP CR2E037 (12/06)

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

**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, 2008**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	163A HARVEY M.D	
STREET ADDRESS	203 N.E. 19TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRISTAN PANGILINAN MD	
STREET ADDRESS	210 N.E. 19TH DRIVE	
CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lilia D. Ladia* **02. 27. 08 (863) 763-6431**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #