

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18600

FILED
Mar 27, 2009
Secretary of State

Entity Name: OKEECHOBEE MEDICAL OFFICE ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0352995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAUDHARY, MUHAMMAD A
Address: 206 N.E. 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: KURESHI, ZAFAR
Address: 214 N.E. 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: LADIA, FELIPE
Address: 210 N.E. 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: RIAZ, MOHAMMAD
Address: 204 N.E. 19 DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: SANTELICES, ARMANDO
Address: 212 N.E. 19 DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: LADIA, LILIA D MD
Address: 210 NE 19TH DR.
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILIA D. LADIA, M.D.

Electronic Signature of Signing Officer or Director

SEC

03/27/2009

_____ Date