

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18600

FILED
Feb 02, 2010
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
Name: CHAUDHARY, MUHAMMAD A
Address: 206 N.E. 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LILIA D. LADIA, MD

D

02/02/2010

Electronic Signature of Signing Officer or Director

Date