

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000009934 (6)

1. Corporation Name  
OKEECHOBEE SURGICAL ASSOCIATES, P.A.



Principal Place of Business: 235 N.E. 19TH DRIVE OKEECHOBEE FL 34972  
Mailing Address: 235 N.E. 19TH DRIVE OKEECHOBEE FL 34972-1933

3. Date Incorporated or Qualified: 01/29/1996  
3a. Date of Last Report  
4. FEI Number: 65-0646252  
Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 27  
Zip: 24 Country: 25  
City & State: 28  
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
CHANG, JOHN DR.  
235 N.E. 19TH DRIVE  
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] JOHN CHANG 1/21/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE: D  
NAME: CHANG, JOHN DR.  
STREET ADDRESS: 235 N.E. 19TH DRIVE  
CITY-ST-ZIP: OKEECHOBEE FL 34972  
TITLE: D  
NAME: KURESHI, ZEFAR DR.  
STREET ADDRESS: 214 N.E. 19TH DRIVE  
CITY-ST-ZIP: OKEECHOBEE FL 34972  
TITLE: D  
NAME: GARCIA, MANUEL DR.  
STREET ADDRESS: 308 N.E. 19TH DRIVE  
CITY-ST-ZIP: OKEECHOBEE FL 34972  
TITLE: D  
NAME: ESPIRITO, MIGUEL DR.  
STREET ADDRESS: 304 N.E. 19TH DRIVE  
CITY-ST-ZIP: OKEECHOBEE FL 34972  
TITLE: D  
NAME: JABBAR, MOHAMMED DR.  
STREET ADDRESS: 111 N.E. 19TH DRIVE  
CITY-ST-ZIP: OKEECHOBEE FL 32972  
TITLE: D  
NAME: JAMES, RICHARD DR.  
STREET ADDRESS: 245 N.E. 19TH DRIVE  
CITY-ST-ZIP: OKEECHOBEE FL 34972

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] JOHN CHANG 1/20/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)