

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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000009934 (6)
 1. Corporation Name
OKEECHOBEE SURGICAL ASSOCIATES, INC.



Principal Place of Business 235 N.E. 19TH DRIVE OKEECHOBEE FL 34972	Mailing Address 235 N.E. 19TH DRIVE OKEECHOBEE FL 34972
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	26 Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
25 Country	30 Country

3. Date Incorporated or Qualified 01/29/1996		
4. FEI Number 65-0646252	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CHANG, JOHN DR.
STREET ADDRESS	235 N.E. 19TH DRIVE
CITY-ST-ZIP	OKEECHOBEE FL 34972
TITLE	D <input type="checkbox"/> DELETE
NAME	KURESHI, ZEFAR DR.
STREET ADDRESS	214 N.E. 19TH DRIVE
CITY-ST-ZIP	OKEECHOBEE FL 34972
TITLE	D <input type="checkbox"/> DELETE
NAME	GARCIA, MANUEL DR.
STREET ADDRESS	306 N.E. 19TH DRIVE
CITY-ST-ZIP	OKEECHOBEE FL 34972
TITLE	D <input type="checkbox"/> DELETE
NAME	ESPIRITO, MIGUEL DR.
STREET ADDRESS	304 N.E. 19TH DRIVE
CITY-ST-ZIP	OKEECHOBEE FL 34972
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JABBAR, MOHAMMED DR.
STREET ADDRESS	111 N.E. 19TH DRIVE
CITY-ST-ZIP	OKEECHOBEE FL 32972
TITLE	D <input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D John T LANTA DR.
5.3 STREET ADDRESS	1916 HWAY 441 N ORN
5.4 CITY-ST-ZIP	Okeechobee FL 34972
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: _____ DATE: **1/22/98**

CR2E034 (10/97)