

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90262 017 ***150.00

DOCUMENT # P96000009934

1. Entity Name
OKEECHOBEE SURGICAL ASSOCIATES, INC.

Principal Place of Business 1655 HIGHWAY 441 NORTH OKEECHOBEE FL 34972	Mailing Address 1655 HIGHWAY 441 NORTH OKEECHOBEE FL 34972
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0646252		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LANZA, JOHN T.M.D. 1655 HIGHWAY 441 NORTH OKEECHOBEE FL 34972				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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHANG, JOHN DR.			NAME			
STREET ADDRESS	235 N.E. 19TH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34972			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KURESHI, ZEFAR DR.			NAME			
STREET ADDRESS	214 N.E. 19TH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34972			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, MANUEL DR.			NAME			
STREET ADDRESS	306 N.E. 19TH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34972			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESPIRITO, MIGUEL DR.			NAME			
STREET ADDRESS	304 N.E. 19TH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34972			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANZA, JOHN T DR			NAME			
STREET ADDRESS	1916 HWAY 441 NORA			STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34972			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMES, RICHARD DR.			NAME			
STREET ADDRESS	245 N.E. 19TH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34972			CITY-ST-ZIP			

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **3/25/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

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 AVI
 CR2E034 (9/01)