


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000009934
 1. Entity Name
 OKEECHOBEE SURGICAL ASSOCIATES, INC.



Principal Place of Business _____ Mailing Address _____
 1655 HIGHWAY 441 NORTH 1655 HIGHWAY 441 NORTH
 OKEECHOBEE, FL 34972 OKEECHOBEE, FL 34972

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)
 4. FEI Number 65-0646252 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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

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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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANG, JOHN DR. 235 N.E. 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURESHI, ZEFAR DR. 214 N.E. 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, MANUEL DR. 306 N.E. 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPIRITO, MIGUEL DR. 304 N.E. 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANZA, JOHN T DR 1916 HWAY 441 NORA OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, RICHARD DR. 245 N.E. 19TH DRIVE OKEECHOBEE, FL 34972

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 02/17/05-80054-020 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  John LANZA MD 2/8/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director Date 2/8/05
 Telephone Phone #