

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2007 08:00 AM**  
 JAN 2007  
**Secretary of State**



**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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **65-0646252**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee Will Be \$550.00  
 Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 02/27/07-80018-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Lanza*

**JOHN LANZA**

2/12/07 863-357-6220

Date Daytime Phone #