

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000009934

FILED
Apr 02, 2012
Secretary of State

Entity Name: OKEECHOBEE SURGICAL ASSOCIATES, INC.

Current Principal Place of Business:

1655 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

1655 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 65-0646252 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LANZA, JOHN T M.D.
1655 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: CHANG, JOHN DR.
Address: 235 N.E. 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: KURESHI, ZEFAR DR.
Address: 214 N.E. 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: GARCIA, MANUEL DR.
Address: 306 N.E. 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: ESPIRITO, MIGUEL DR.
Address: 304 N.E. 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: LANZA, JOHN T DR
Address: 1916 HWAY 441 NORA
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: JAMES, RICHARD DR.
Address: 245 N.E. 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN T. LANZA

PRES

04/02/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date