

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90091 032 ***150.00

DOCUMENT # P96000009934

1. Entity Name

OKEECHOBEE SURGICAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1655 HIGHWAY 441 NORTH
OKEECHOBEE FL 34972**1655 HIGHWAY 441 NORTH**
OKEECHOBEE FL 34972**606819**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CHANG, JOHN DR.**
STREET ADDRESS **235 N.E. 19TH DRIVE**
CITY-ST-ZIP **OKEECHOBEE FL 34972**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **KURESHI, ZEFAR DR.**
STREET ADDRESS **214 N.E. 19TH DRIVE**
CITY-ST-ZIP **OKEECHOBEE FL 34972**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GARCIA, MANUEL DR.**
STREET ADDRESS **306 N.E. 19TH DRIVE**
CITY-ST-ZIP **OKEECHOBEE FL 34972**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ESPIRITO, MIGUEL DR.**
STREET ADDRESS **304 N.E. 19TH DRIVE**
CITY-ST-ZIP **OKEECHOBEE FL 34972**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LANZA, JOHN T DR**
STREET ADDRESS **1916 HWAY 441 NORA**
CITY-ST-ZIP **OKEECHOBEE FL 34972**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **JAMES, RICHARD DR.**
STREET ADDRESS **245 N.E. 19TH DRIVE**
CITY-ST-ZIP **OKEECHOBEE FL 34972**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A. JAMES - DIRECTOR

01/12/01

Date

863-357-6220

Daytime Phone #

CR2E034 (10/00)