

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90034 022 ***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**

DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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 date of signature.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

Date

Daytime Phone #