

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18600

FILED
Apr 03, 2015
Secretary of State
CC3613557555

Entity Name: OKEECHOBEE MEDICAL OFFICE ASSOCIATION, INC.

Current Principal Place of Business:

210 N.E. 19TH DRIVE
OKEECHOBEE, FL 34972

Current Mailing Address:

202 NE 19TH DRIVE
OKEECHOBEE, FL 34972 US

FEI Number: 65-0352995

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAUDHARY, MUHAMMAD A
206 N.E. 19TH DRIVE
OKEECHOBEE, FL 34972 US

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

Officer/Director Detail :

Title D
Name CHAUDHARY, MUHAMMAD A
Address 206 N.E. 19TH DRIVE
City-State-Zip: OKEECHOBEE FL 34972

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

Title D
Name LADIA, FELIPE
Address 210 N.E. 19TH DRIVE
City-State-Zip: OKEECHOBEE FL 34972

Title D
Name RIAZ, MOHAMMAD
Address 204 N.E. 19 DRIVE
City-State-Zip: OKEECHOBEE FL 34972

Title D
Name SANTELICES, ARMANDO
Address 212 N.E. 19 DRIVE
City-State-Zip: OKEECHOBEE FL 34972

Title D
Name LADIA, LILIA DMD
Address 210 NE 19TH DR.
City-State-Zip: OKEECHOBEE FL 34972

Title DIRECTOR
Name AHMED, IQBAL
Address 202 NE 19TH DRIVE
City-State-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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IQBAL AHMED

DIRECTOR

04/03/2015

Electronic Signature of Signing Officer/Director Detail

Date