

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18600

**Entity Name:** OKEECHOBEE MEDICAL OFFICE ASSOCIATION, INC.

**Current Principal Place of Business:**

202 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:**

AHMED, IQBAL  
202 NE 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:** IQBAL AHMED

05/19/2020

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

PRESIDENT

05/19/2020

Electronic Signature of Signing Officer/Director Detail

Date