

2024 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

04/14/2024

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

Title	D
Name	TRISTAN, PANGILINAN
Address	200 N.E. 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**

04/14/2024

Electronic Signature of Signing Officer/Director Detail

Date