

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90047 003 \*\*\*150.00

**DOCUMENT # 503027**

1. Entity Name  
**LADIA & LADIA, M.D.'S, P.A.**



Principal Place of Business  
**208 N.E. 19TH DR.  
SUITE 5  
OKEECHOBEE, FL 34972-1911**

Mailing Address  
**208 N.E. 19TH DR.  
SUITE 5  
OKEECHOBEE, FL 34972-1911**

**66002457**



02282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1661515</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LADIA, FELIPE P., M.D., P.A.  
208 N.E. 19 DRIVE  
SUITE #5  
OKEECHOBEE, FL 33472**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LADIA, FELIPE P.
STREET ADDRESS	208 N.E. 19 DR. STE #5
CITY - ST - ZIP	OKEECHOBEE, FL
TITLE	SD
NAME	LADIA, LILIA D.
STREET ADDRESS	208 N.E. 19 DR. STE #5
CITY - ST - ZIP	OKEECHOBEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:** *Lilia D. Ladia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*02/27/08*

Date

*(863) 763-6431*

Daytime Phone #

**1/24/2008-90047-003-\$150.00-\$150.00**

1. Entity Name  
**LADIA & LADIA, M.D.'S, P.A.**



ATTACHMENT

**Mailing Address**  
208 N.E. 19TH DR.  
SUITE 5  
OKEECHOBEE, FL 34972-1911

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59-1661515	Not Applied

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CITY - ST - ZIP	OKEECHOBEE, FL

TITLE	SD
NAME	LADIA, LILIA D.
STREET ADDRESS	208 N.E. 19 DR. STE #5
CITY-ST-ZIP	OKEECHOBEE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP -

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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Lib. Co. Lfms 2/27/28