2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2004
Secretary of State

DOCUMENT# L02000020715

Entity Name: OKEECHOBEE MEDICAL PARK DEVELOPMENT, LLC

Current Principal Place of Business:

5775 NE 56TH PARKWAY
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

5775 NE 56TH PARKWAY
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 51-0420362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASSELS, JOHN D JR.
400 NW 2ND STREET
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: MAVROIDES, CHRISTOPHER MD
Address: 5775 NE 56TH PARKWAY
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM ( ) Delete
Name: MAVROIDES, BONNIE
Address: 5775 NE 56TH PARKWAY
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM ( ) Delete
Name: ARAIN, SHAKOOR MD
Address: 1600 SW 2ND AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTOPHER MAVROIDES MD MGRM 04/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date