

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020715

FILED
Apr 26, 2006
Secretary of State

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/MANAGERS:

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 Chapter 119, 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

MGRM

04/26/2006

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