

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000020715

1. Entity Name

OKEECHOBEE MEDICAL PARK DEVELOPMENT, LLC



**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**



Principal Place of Business  
5775 NE 56TH PARKWAY  
OKEECHOBEE FL 34972

Mailing Address  
5775 NE 56TH PARKWAY  
OKEECHOBEE FL 34972

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number  
51-0420362

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
MGRM  
MAVROIDES, CHRISTOPHER MD  
5775 NE 56TH PARKWAY  
OKEECHOBEE FL 34972 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
U000000718588  
05/01/07-80027-025 50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
MGRM  
MAVROIDES, BONNIE  
5775 NE 56TH PARKWAY  
OKEECHOBEE FL 34972 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
MGRM  
ARAIN, SHAKOOR MD  
1600 SW 2ND AVENUE  
OKEECHOBEE FL 34974 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Christopher J. Navroides 4/17/07 863-763-5661