

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000020715

**FILED**  
**Mar 28, 2011**  
**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  
**Name:** MAVROIDES, CHRISTOPHER MD  
**Address:** 5775 NE 56TH PARKWAY  
**City-St-Zip:** OKEECHOBEE, FL 34972

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

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

I hereby 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 J. MAVROIDES

MGRM

03/28/2011

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