

# 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