

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020715

FILED
Mar 01, 2012
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:

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

Name and Address of New Registered Agent:

MAVROIDES, CHRISTOPHER J MD
5575 NE 56TH PKWY
OKEECHOBEE, FL 34972 US

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: CHRISTOPHER J. MAVROIDES

03/01/2012

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

03/01/2012

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