

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90069 042 ****50.00

DOCUMENT # L04000049916
 1. Entity Name
OKEECHOBEE MEDICAL PARTNERS, LLC



Principal Place of Business Mailing Address
 312 N.W. 5TH STREET 312 N.W. 5TH STREET
 OKEECHOBEE, FL 34972 OKEECHOBEE, FL 34972

DO NOT WRITE IN THIS SPACE



01182006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1365496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

-6.- Name and Address of Current Registered Agent
HARPER, LEWIS W ESQ.
 12627 SAN JOSE, BLVD.
 SUITE 302
 JACKSONVILLE, FL 32223

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AHMED, IQBAL 265 NORTHEAST 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHAN, SAEED A 2257 NORTH HIGHWAY 441 SUITE A OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAKOOR, ARIF 2257 HWY 441 NORTH, #C OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALDANA, PETER R 2257 NORTH HIGHWAY 441 SUITE A OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANG, JOHN 115 NORTHEAST THIRD STREET OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, MANUEL G 306 N.E. 19TH DRIVE, #A OKEECHOBEE, FL 34972

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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]* **1-24-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #