

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90481 010 ****50.00

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01182007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000049916 1. Entity Name OKEECHOBEE MEDICAL PARTNERS, LLC					
Principal Place of Business 312 N.W. 5TH STREET OKEECHOBEE, FL 34972			Mailing Address 312 N.W. 5TH STREET OKEECHOBEE, FL 34972		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-1365496			Applied For <input type="checkbox"/> 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		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AHMED, IQBAL <input type="checkbox"/> Delete 265 NORTHEAST 19TH DRIVE OKEECHOBEE, FL 34972		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ahmed, Iqbal <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 202 NE 19th Dr. Okeechobee, FL 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHAN, SAEED A <input type="checkbox"/> Delete 2257 NORTH HIGHWAY 441 SUITE A OKEECHOBEE, FL 34972		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Aldana, Peter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 214 NE 19th Dr. Okeechobee, FL 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAKOOR, ARIF <input type="checkbox"/> Delete 2257 HWY 441 NORTH, #C OKEECHOBEE, FL 34972		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALDANA, PETER R <input type="checkbox"/> Delete 2257 NORTH HIGHWAY 441 SUITE A OKEECHOBEE, FL 34972		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANG, JOHN <input type="checkbox"/> Delete 115 NORTHEAST THIRD STREET OKEECHOBEE, FL 34972		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, MANUEL G <input type="checkbox"/> Delete 306 N.E. 19TH DRIVE, #A OKEECHOBEE, FL 34972		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <i>[Signature]</i> 1/18/07 863-467-7084 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					