2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: OKEECHOBEE MEDICAL PARTNERS, LLC

Current Principal Place of Business:

312 N.W. 5TH STREET
OKEECHOBEE, FL 34972

New Principal Place of Business:

111 NE 19TH DRIVE
OKEECHOBEE, FL 34972

Current Mailing Address:

312 N.W. 5TH STREET
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 20-1365496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREW, GEORGE ESQ.
6817 SOUTHPOINT PARKWAY
SUITE 1804
JACKSONVILLE, FL 32216 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: AHMED, IQBAL
Address: 202 NE 19TH DR.
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM
Name: ALDANA, PETER
Address: 214 NE 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM
Name: SHAKOOR, ARIF
Address: 2257 HWY 441 NORTH, #C
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM
Name: NAEEM, TAHIR
Address: 265 NE 19 DR
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM
Name: SAEED, KHAN
Address: 2557 HWY 441 N STE A
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM
Name: GARCIA, MANUEL G
Address: 306 N.E. 19TH DRIVE, #A
City-St-Zip: OKEECHOBEE, FL 34972

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 Statues.

SIGNATURE: SAEED KHAN MD MGRM 04/19/2011

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