

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90481 011 ****50.00

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01182007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000047399 1. Entity Name OKEECHOBEE MEDICAL DIAGNOSTICS, 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.			3. Mailing Address Suite, Apt. #, etc.																																																																																						
City & State			City & State																																																																																						
Zip		Country		4. FEI Number 20-2833593																																																																																					
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. 6817 SOUTHPOINT PARKWAY 1804 JACKSONVILLE, FL 32216				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																									
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KHAN, SAEED A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2257 N HWY 441 NORTH #A</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>OKEECHOBEE, FL 34972</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHAKOOR, ARIF</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2257 HWY. 441 NORTH, #C</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>OKEECHOBEE, FL 34972</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GARCIA, MANUEL G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>306 N.E. 19TH DRIVE, #A</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>OKEECHOBEE, FL 34972</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NAEEM, TAHIR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>265 NE 19TH DR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>OKEECHOBEE, FL 34972</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GARCIA, TRINIDAD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>306 NE 19TH DR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>OKEECHOBEE, FL 34972</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>YOUNG, MARVIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2257 HWY 441 N #19</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>OKEECHOBEE, FL 34972</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>young, marvin</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>309 NW 5th St.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>Okeechobee, FL 34972</td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	KHAN, SAEED A		STREET ADDRESS	2257 N HWY 441 NORTH #A		CITY- ST- ZIP	OKEECHOBEE, FL 34972		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	SHAKOOR, ARIF		STREET ADDRESS	2257 HWY. 441 NORTH, #C		CITY- ST- ZIP	OKEECHOBEE, FL 34972		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	GARCIA, MANUEL G		STREET ADDRESS	306 N.E. 19TH DRIVE, #A		CITY- ST- ZIP	OKEECHOBEE, FL 34972		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	NAEEM, TAHIR		STREET ADDRESS	265 NE 19TH DR		CITY- ST- ZIP	OKEECHOBEE, FL 34972		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	GARCIA, TRINIDAD		STREET ADDRESS	306 NE 19TH DR		CITY- ST- ZIP	OKEECHOBEE, FL 34972		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	YOUNG, MARVIN		STREET ADDRESS	2257 HWY 441 N #19		CITY- ST- ZIP	OKEECHOBEE, FL 34972		TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	young, marvin		STREET ADDRESS	309 NW 5th St.		CITY- ST- ZIP	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 prepare this report as required by Chapter 608, Florida Statutes.																																																																																									
SIGNATURE: _____ 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>																																																																																									