

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047399

FILED
Apr 20, 2009
Secretary of State

Entity Name: OKEECHOBEE MEDICAL DIAGNOSTICS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2833593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, LEWIS W ESQ.
6817 SOUTHPOINT PARKWAY
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 () Delete
Name: KHAN, SAEED A
Address: 2257 N HWY 441 NORTH #A
City-St-Zip: OKEECHOBEE, FL 34972

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

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

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

Title: MGRM () Delete
Name: GARCIA, TRINIDAD
Address: 306 NE 19TH DR
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM (X) Delete
Name: YOUNG, MARVIN
Address: 309 NW 5TH ST.
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ARIF SHAKOOR MD

MGRM

04/20/2009

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