## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000047399

Entity Name: OKEECHOBEE MEDICAL DIAGNOSTICS, LLC

FILED Apr 25, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

312 N.W. 5TH STREET

OKEECHOBEE, FL 34972

2257 HWY 441 NORTH, STE D

OKEECHOBEE, FL 34972

OKEECHOBEE, FL 34972

Current Mailing Address: New Mailing Address:

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

FEI Number: 20-2833593 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BREW, GEORGE ESQ. 6817 SOUTHPOINT PARKWAY 1804 JACKSONVILLE, FL 32216 US

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: KHAN, SAEED A

Address: 2257 N HWY 441 NORTH #A 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:
 GARCIA, MANUEL G

 Address:
 306 N.E. 19TH DRIVE, #A

 City-St-Zip:
 OKEECHOBEE, FL 34972

City-5t-2ip. OREECHOBEE, FL 3497.

Title: MGRM
Name: NAEEM, TAHIR
Address: 265 NE 19TH DR

City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM

 Name:
 GARCIA, TRINIDAD

 Address:
 306 NE 19TH DR

 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 CEO 04/25/2012