

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90043 037 \*\*\*\*61.25

**DOCUMENT # N01000001087**

1. Entity Name  
**RAULERSON HOSPITAL MEDICAL STAFF, INC.**



Principal Place of Business  
**210 N.E. 19TH DRIVE  
OKEECHOBEE, FL 34972**

Mailing Address  
**210 N.E. 19TH DRIVE  
OKEECHOBEE, FL 34972**



01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-1104247**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LIDIA, LILIA D M.D.  
210 N.E. 19TH DRIVE  
OKEECHOBEE, FL 34972**

**DO NOT WRITE  
IN THIS SPACE**

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

*Lidia D. M.D.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*01.26.05*

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
KHAN, SAEED MD  
2257 HWY 441 N, STE. A  
OKEECHOBEE, FL 34972**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
SHAKOOR, ARIF M.D.  
265 N.E. 19TH DRIVE  
OKEECHOBEE, FL 34972**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LADIA, LILIA D M.D.  
210 N.E. 19TH DRIVE  
OKEECHOBEE, FL 34972**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
AHMED, IQBAL  
202 N.E. 19TH DRIVE  
OKEECHOBEE, FL 34972**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.