



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90018 004 \*\*\*\*61.25

<b>DOCUMENT # N18600</b> 1. Entity Name <b>OKEECHOBEE MEDICAL OFFICE ASSOCIATION, INC.</b>					
Principal Place of Business <b>210 N.E. 19TH DRIVE</b> <b>OKEECHOBEE, FL 34972 US</b>			Mailing Address <b>210 N.E. 19TH DRIVE</b> <b>OKEECHOBEE, FL 34972 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01132004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>65-0352995</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CHAUDHARY, MUHAMMAD A</b> <b>206 N.E. 19TH DRIVE</b> <b>OKEECHOBEE, FL 34972</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CHAUDHARY, MUHAMMAD A</b> <b>206 N.E. 19TH DRIVE</b> <b>OKEECHOBEE, FL 34972</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AMMED, 168AL</b> <b>202 N.E. 19TH DRIVE</b> <b>OKEECHOBEE, FL 34972</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>KURESHI, ZAFAR</b> <b>214 N.E. 19TH DRIVE</b> <b>OKEECHOBEE, FL 34972</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PANGILINAN, TRISTAN</b> <b>200 N.E. 19TH DRIVE</b> <b>OKEECHOBEE, FL 34972</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>FELIPE</b> <b>LADIA FELIPE</b> <b>210 N.E. 19TH DRIVE</b> <b>OKEECHOBEE, FL 34972</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RIAZ, MOHAMMAD</b> <b>204 N.E. 19 DRIVE</b> <b>OKEECHOBEE, FL 34972</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SANTELICES, ARMANDO</b> <b>212 N.E. 19 DRIVE</b> <b>OKEECHOBEE, FL 34972</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LADIA</b> <b>LADIA LILIA D MD</b> <b>210 NE 19TH DR.</b> <b>OKEECHOBEE, FL 34972</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Lilia D. Ladia, MD</i>			01-23-04 (863) 763-6491		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		