

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90046 003 \*\*\*\*61.25

**DOCUMENT # N18600**

1. Entity Name  
**OKEECHOBEE MEDICAL OFFICE ASSOCIATION, INC.**



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

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

**40011698**



01182006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0352995**

Applied For  
Not Applied

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

**DO NOT WRITE IN THIS SPACE**

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

**CHAUDHARY, MUHAMMAD A  
206 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 acknowledge the obligations of registered agent.

SIGNATURE *[Signature]*

*01-25-06*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME CHAUDHARY, MUHAMMAD A  
STREET ADDRESS 206 N.E. 19TH DRIVE  
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE VPD  
NAME KURESHI, ZAFAR  
STREET ADDRESS 214 N.E. 19TH DRIVE  
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE STD  
NAME LADIA, FELIPE  
STREET ADDRESS 210 N.E. 19TH DRIVE  
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE D  
NAME RIAZ, MOHAMMAD  
STREET ADDRESS 204 N.E. 19 DRIVE  
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE D  
NAME SANTELICES, ARMANDO  
STREET ADDRESS 212 N.E. 19 DRIVE  
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE D  
NAME LADIA, LILIA D MD  
STREET ADDRESS 210 NE 19TH DR.  
CITY-ST-ZIP OKEECHOBEE, FL 34972

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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.