


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90076 021 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0352995			Applied For <input type="checkbox"/> Not Applied		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHAUDHARY, MUHAMMAD A 206 N.E. 19TH DRIVE OKEECHOBEE, FL 34972				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAUDHARY, MUHAMMAD A 206 N.E. 19TH DRIVE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TRISTON PANGILINAN 200 N.E. 19TH DRIVE OKEECHOBEE, FL 34972	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KURESHI, ZAFAR 214 N.E. 19TH DRIVE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - TREASURER 1034L AHMED 202 N.E. 19TH DRIVE OKEECHOBEE, FL 34972	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LADIA, FELIPE 210 N.E. 19TH DRIVE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIAZ, MOHAMMAD 204 N.E. 19 DRIVE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTELICES, ARMANDO 212 N.E. 19 DRIVE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADIA, LILIA D MD 210 NE 19TH DR. OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Ad

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 changed, or on an attachment with an address, with all other like empowered.