

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

01-25-2008 90033 004 ****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 Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02282008 Chg-NP CR2E037 (12/06)	
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, 2008		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	D CHAUDHARY, MUHAMMAD A 206 N.E. 19TH DRIVE OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> 1637A MUHAMMAD M.D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 202 N.E. 19TH DRIVE OKEECHOBEE, FL 34972		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURESHI, ZAFAR 214 N.E. 19TH DRIVE OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> TRISTAN PANGILINAN, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 202 N.E. 19TH DRIVE OKEECHOBEE, FL 34972		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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"/> Addition		
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"/> Addition		
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"/> Addition		
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"/> Addition		
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Lilia D. Ladia</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02. 27. 08 (863) 763-6431 <small>Date Daytime Phone #</small>		