

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18600

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0352995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAUDHARY, MUHAMMAD A  
206 N.E. 19TH DRIVE  
OKEECHOBEE, FL 34972 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHAUDHARY, MUHAMMAD A  
Address: 206 N.E. 19TH DRIVE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D  
Name: KURESHI, ZAFAR  
Address: 214 N.E. 19TH DRIVE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D  
Name: LADIA, FELIPE  
Address: 210 N.E. 19TH DRIVE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D  
Name: RIAZ, MOHAMMAD  
Address: 204 N.E. 19 DRIVE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D  
Name: SANTELICES, ARMANDO  
Address: 212 N.E. 19 DRIVE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D  
Name: LADIA, LILIA D MD  
Address: 210 NE 19TH DR.  
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LILIA LADIA

MD

03/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date