

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002340

FILED
May 01, 2008
Secretary of State

Entity Name: THE OKEECHOBEE MEDICAL OFFICE ASSOCIATION II, INC.

Current Principal Place of Business:

N.E. 19TH STREET
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1508
OKEECHOBEE, FL 349731508 US

New Mailing Address:

FEI Number: 59-3310780 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARRIETA, ROBIN G
1796 HWY 441 NORTH
OKEECHOBEE, FL 349721918 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: PD () Delete
Name: SIGALOW, DAVID MD
Address: 215 N.E. 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: VPD () Delete
Name: NAEEM, TAHIR MD
Address: 265 NE 19TH DR.
City-St-Zip: OKEECHOBEE, FL 34974

Title: STD () Delete
Name: HUSSAIN, ANJUM MD
Address: 255 NE 19TH DR
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: LEE, ROBERT H CEO
Address: 1796 HWY 441 NORTH
City-St-Zip: OKEECHOBEE, FL 349721918 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID A. SIGALOW

PD

05/01/2008

Electronic Signature of Signing Officer or Director

Date