

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90091 032 ***150.00

DOCUMENT # P96000009934

1. Entity Name

OKEECHOBEE SURGICAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**1655 HIGHWAY 441 NORTH
 OKEECHOBEE FL 34972**

**1655 HIGHWAY 441 NORTH
 OKEECHOBEE FL 34972**

606819



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0646252

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANZA, JOHN T M.D.
 1655 HIGHWAY 441 NORTH
 OKEECHOBEE FL 34972**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **CHANG, JOHN DR.**
 STREET ADDRESS **235 N.E. 19TH DRIVE**
 CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **KURESHI, ZEFAR DR.**
 STREET ADDRESS **214 N.E. 19TH DRIVE**
 CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GARCIA, MANUEL DR.**
 STREET ADDRESS **306 N.E. 19TH DRIVE**
 CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ESPIRITO, MIGUEL DR.**
 STREET ADDRESS **304 N.E. 19TH DRIVE**
 CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LANZA, JOHN T DR**
 STREET ADDRESS **1916 HWAY 441 NORA**
 CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **JAMES, RICHARD DR.**
 STREET ADDRESS **245 N.E. 19TH DRIVE**
 CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A. JAMES - DIRECTOR

01/12/01

863-357-6220

Date Daytime Phone #

CR2E034 (10/00)