

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000009934

1. Entity Name  
OKEECHOBEE SURGICAL ASSOCIATES, INC.



Principal Place of Business  
1655 HIGHWAY 441 NORTH  
OKEECHOBEE, FL 34972

Mailing Address  
1655 HIGHWAY 441 NORTH  
OKEECHOBEE, FL 34972



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0646252

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CHANG, JOHN DR.
STREET ADDRESS	235 N.E. 19TH DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	KURESHI, ZEFAR DR.
STREET ADDRESS	214 N.E. 19TH DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	GARCIA, MANUEL DR.
STREET ADDRESS	306 N.E. 19TH DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	ESPIRITO, MIGUEL DR.
STREET ADDRESS	304 N.E. 19TH DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	LANZA, JOHN T DR
STREET ADDRESS	1916 HWAY 441 NORA
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	JAMES, RICHARD DR.
STREET ADDRESS	245 N.E. 19TH DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34972

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02/17/05-80054-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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

John Lanza MD  
Director

Date

Daytime Phone #