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FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000041733 (2)

1. Corporation Name:

OKEECHOBEE PHYSICIANS ALLIANCE, INC.



Principal Place of Business

Mailing Address

ATTN: MARK LEVINE, M.D.  
P O BOX 1307  
OKEECHOBEE FL 34973

ATTN: MARK LEVINE, M.D.  
P O BOX 1307  
OKEECHOBEE FL 34973-1307

3. Date Incorporated or Qualified  
05/09/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. P O Box 494

26. P O Box 494

4. FEI Number  
650678193

Applied For

Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

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

23. City & State

28. City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24. 34972

25. USA

29. 34972

30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARRELL, JAMES A  
250 S AUSTRALIAN AVE  
SUITE 500  
WEST PALM BEACH FL 33401

81. Name Mark Levine, M.D., President

82. Street Address (P.O. Box Number is Not Acceptable)

300 5th Street

83.

84. City

Okeechobee

FL

85. Zip Code

34972

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mark Levine, Pres. 4/24/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME CHANG, JOHN MD  
STREET ADDRESS 235 NE 19TH DR  
CITY-ST-ZIP OKEECHOBEE FL 34972

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CHAUDHARY, MUHAMMAD A MD  
STREET ADDRESS 206 NE 19TH DR  
CITY-ST-ZIP OKEECHOBEE FL 34972

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME GARCIA, MANUEL MD  
STREET ADDRESS 306 NE 19TH DR  
CITY-ST-ZIP OKEECHOBEE FL 34972

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME JAMES, RICHARD MD  
STREET ADDRESS 245 NE 19TH DR  
CITY-ST-ZIP OKEECHOBEE FL 34972

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LEVINE, MARC  
STREET ADDRESS P O BOX 1307  
CITY-ST-ZIP OKEECHOBEE FL 34973

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SIGALOW, DAVID MD  
STREET ADDRESS 215 NE 19TH DR  
CITY-ST-ZIP OKEECHOBEE FL 34972

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: Mark Levine, Pres. 4/23/97 941-763-7015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)