

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

P.O BOX 494
OKEECHOBEE FL 34972
US

Mailing Address

P.O BOX 494
OKEECHOBEE FL 34972
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1996

4. FEI Number

65-0678193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

LEVINE, MARK MD
300 5TH ST
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and word applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
D
GARCIA, MANUEL MD
STREET ADDRESS
308 NE 19TH DR
CITY-ST-ZIP
OKEECHOBEE FL 34972

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE:

CR2E034 (10/97)