2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# P96000079236

Entity Name: OKEECHOBEE FAMILY PRACTICE, P.A.

Current Principal Place of Business:

109 NE 19TH DR
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

1713 HWY 441 N, SUITE E
OKEECHOBEE, FL 34972 US

Current Mailing Address:

109 NE 19TH DR
OKEECHOBEE, FL 34972 US

New Mailing Address:

1713 HWY 441 N, SUITE E
OKEECHOBEE, FL 34972 US

FEI Number: 65-0697652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLEY, CRAIG I ESQ.
2300 PALM BEACH LAKES BLVD., STE 217
WEST PALM BEACH, FL 33409 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HELLER, L MD
Address: 109 NE 19TH DR
City-St-Zip: OKEECHOBEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HELLER, L MD
Address: 1713 HWY 441 N, SUITE E
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LELAND M. HELLER, M.D. P 03/11/2005
Electronic Signature of Signing Officer or Director Date