2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2011
Secretary of State

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Entity Name: OKEECHOBEE FAMILY PRACTICE, P.A.

Current Principal Place of Business:

1713 HWY 441 N
SUITE E
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

1713 HWY 441 N
SUITE E
OKEECHOBEE, FL 34972 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: DR.
Name: HELLER, LELAND M MD
Address: 1713 HWY 441 N, SUITE E
City-St-Zip: OKEECHOBEE, FL 34972

I hereby 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 all other like empowered.

SIGNATURE: LELAND M. HELLER, M.D. OWNE 03/24/2011

Electronic Signature of Signing Officer or Director Date