


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90259 032 ***150.00


DOCUMENT # P98000058388 1. Entity Name SURGERY CENTER OF OKEECHOBEE, INC.	
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Principal Place of Business 1655 HIGHWAY 441 NORTH OKEECHOBEE, FL 34972 US	Mailing Address 245 N.E. 19TH DRIVE 1655 Highway OKEECHOBEE, FL 34972-1922
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44025919

441 North



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0847931	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAPPEL, ROBERT 5070 HWY A1A - STE 221 C/O RAPPEL & RAPPAEL VERO BEACH, FL 32960-4230
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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.

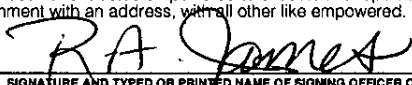
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LANZA, JOHN M.D. 200 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JAMES, RICHARD M.D. 245 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHANG, JOHN M.D. 235 N.E. 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KURESHI, ZAFAR M.D. 214 N.E. 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, MANUEL M.D. 306 N.E. 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEVINE, MARC M.D. P.O. BOX 494H DRIVE OKEECHOBEE, FL 34972

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12. 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 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 Date Daytime Phone #