2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # P98000058388

1. Entity Name
SURGERY CENTER OF OKEECHOBEE, INC.

Principal Place of Business
1655 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972 US

Mailing Address
1655 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972 US

01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0847931
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEC CONSULTANTS, INC.
1515 INDIAN RIVER BLVD
SUITE A-210
VERO BEACH, FL 32960

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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 X _____ 3/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

000000872256
04/10/08-80024-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LANZA, JOHN M.D.
STREET ADDRESS	200 19TH DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	STD
NAME	JAMES, RICHARD M.D.
STREET ADDRESS	245 19TH DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	CHANG, JOHN M.D.
STREET ADDRESS	235 N.E. 19TH DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	KURESHI, ZAFAR M.D.
STREET ADDRESS	214 N.E. 19TH DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	GARCIA, MANUEL M.D.
STREET ADDRESS	306 N.E. 19TH DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	LEVINE, MARC M.D.
STREET ADDRESS	P.O. BOX 494H DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34972

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 any address, with all other like empowered.

SIGNATURE: _____ JOHN LANZA MD 3/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #