

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058388

FILED
Feb 18, 2011
Secretary of State

Entity Name: SURGERY CENTER OF OKEECHOBEE, INC.

Current Principal Place of Business:

1655 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

1655 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972 US

New Mailing Address:

FEI Number: 65-0847931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEC CONSULTANTS, INC.
1515 INDIAN RIVER BLVD
SUITE A-210
VERO BEACH, FL 32960 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: PD
Name: LANZA, JOHN M.D.
Address: 200 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: STD
Name: JAMES, RICHARD M.D.
Address: 245 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: CHANG, JOHN M.D.
Address: 235 N.E. 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: KURESHI, ZAFAR M.D.
Address: 214 N.E. 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: GARCIA, MANUEL M.D.
Address: 306 N.E. 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: LEVINE, MARC M.D.
Address: P.O. BOX 494H DRIVE
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: JOHN T. LANZA

PRES

02/18/2011

Electronic Signature of Signing Officer or Director

Date