

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000010713

Entity Name: OKEECHOBEE PHYSICIANS MEDICAL OFFICE CONDOMINIUM ASSOCIATION, INC.

**FILED
Mar 01, 2016
Secretary of State
CC8669035715**

Current Principal Place of Business:

2257 HIGHWAY 441 NORTH
SUITE A
OKEECHOBEE, FL 34972

Current Mailing Address:

2257 HIGHWAY 441 NORTH
SUITE A
OKEECHOBEE, FL 34972 US

FEI Number: 46-5342671

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KHAN, SAEED A
2257 HIGHWAY 441 NORTH
SUITE A
OKEECHOBEE, FL 34972 US

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

Officer/Director Detail :

Title DV
Name KURESHI, ZAFAR U
Address 2257 HIGHWAY 441 NORTH
City-State-Zip: OKEECHOBEE FL 34972

Title DP
Name KHAN, SAEED A
Address 2257 HIGHWAY 441 NORTH
City-State-Zip: OKEECHOBEE FL 34972

Title DST
Name SHAKOOR, ARIF
Address 2257 HIGHWAY 441 NORTH
City-State-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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ZAFAR KURESHI

VICE PRESIDENT

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date