Entity Name: OPH NORTH PALM, INC.		Secretary of State	
	ncipal Place of Business: OWARD BLVD, SUITE 262 FL 33324		0169609121CC
Current Mai	ling Address:		
	BROWARD BLVD, SUITE 262 N, FL 33324 US		
FEI Number: 26-4057426			Certificate of Status Desired: No
Name and A	Address of Current Registered Agent:		
100 N.E. THIRE SUITE 1000	CHAEL P ESQ. D AVENUE DALE, FL 33301 US		
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE	E: MICHAEL P. HAMAWAY, ESQ.		01/28/2021
SIGNATURE	E: MICHAEL P. HAMAWAY, ESQ. Electronic Signature of Registered Agent		01/28/2021 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent		
	Electronic Signature of Registered Agent	Title	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	Date
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : D		Date
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent ctor Detail : D KAMELHAIR, STEVEN R 8181 WEST BROWARD BLVD, SUITE	Name	Date D NEMEROFSKY, STEPHEN L 8181 WEST BROWARD BLVD, SUITE
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent ctor Detail : D KAMELHAIR, STEVEN R 8181 WEST BROWARD BLVD, SUITE 262	Name Address	D D NEMEROFSKY, STEPHEN L 8181 WEST BROWARD BLVD, SUITE 262
<b>Officer/Dire</b> Title Name Address City-State-Zip:	Electronic Signature of Registered Agent <b>ctor Detail :</b> D KAMELHAIR, STEVEN R 8181 WEST BROWARD BLVD, SUITE 262 PLANTATION FL 33324	Name Address	D D NEMEROFSKY, STEPHEN L 8181 WEST BROWARD BLVD, SUITE 262
Officer/Dire	Electronic Signature of Registered Agent <b>ctor Detail :</b> D KAMELHAIR, STEVEN R 8181 WEST BROWARD BLVD, SUITE 262 PLANTATION FL 33324 D	Name Address	D D NEMEROFSKY, STEPHEN L 8181 WEST BROWARD BLVD, SUITE 262

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0900002445

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: STEVEN R KAMELHAIR

Electronic Signature of Signing Officer/Director Detail

01/28/2021 Date

**FILED** 

Jan 28, 2021

**Secretary of State**