

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000002445

Entity Name: OPH NORTH PALM, INC.**Current Principal Place of Business:**8181 WEST BROWARD BLVD, SUITE 262
PLANTATION, FL 33324**Current Mailing Address:**8181 WEST BROWARD BLVD, SUITE 262
PLANTATION, FL 33324 US**FEI Number:** 26-4057426**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAMAWAY, MICHAEL P. ESQ.
100 N.E. THIRD AVENUE
SUITE 1000
FORT LAUDERDALE, FL 33301 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:** MICHAEL P. HAMAWAY, ESQ.

04/05/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|--------------------------------------|
| Title | D |
| Name | KAMELHAIR, STEVEN R |
| Address | 8181 WEST BROWARD BLVD, SUITE 262 |
| City-State-Zip: | PLANTATION FL 33324 |

| | |
|-----------------|--------------------------------------|
| Title | D |
| Name | NEMEROFSKY, STEPHEN L |
| Address | 8181 WEST BROWARD BLVD, SUITE 262 |
| City-State-Zip: | PLANTATION FL 33324 |

| | |
|-----------------|--------------------------------------|
| Title | D |
| Name | ROLNICK, AUDIE M |
| Address | 8181 WEST BROWARD BLVD, SUITE 262 |
| City-State-Zip: | PLANTATION FL 33324 |

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 KAMELHAIR

PRESIDENT

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date