2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003863

Entity Name: OPKO HEALTH, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

4400 BISCAYNE BOULEVARD, SUITE 900 4400 BISCAYNE BOULEVARD, SUITE 1180

MIAMI, FL 33137 MIAMI, FL 33137

Current Mailing Address: New Mailing Address:

4400 BISCAYNE BOULEVARD, SUITE 900 4400 BISCAYNE BOULEVARD, SUITE 1180

MIAMI, FL 33137 MIAMI, FL 33137

FEI Number: 75-2402409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

FROST, PHILLIP M.D. FROST, PHILLIP M.D. Name: Name:

4400 BISCAYNE BOULEVARD, SUITE 900 4400 BISCAYNE BOULEVARD, SUITE 1180 Address: Address:

City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMLEL 33137

VC Title: VC Title: () Delete (X) Change () Addition Name: HSIAO, JANE PHD.MBA Name: HSIAO, JANE PHD.MBA

4400 BISCAYNE BOULEVARD, SUITE 900 4400 BISCAYNE BOULEVARD, SUITE 1180 Address: Address:

MIAMI, FL 33137 MIAMI, FL 33137

City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: **FVP**

PAGANELLI, JOHN A RUBIN, STEPHEN D Name: Name:

4400 BISCAYNE BOULEVARD, SUITE 900 4400 BISCAYNE BOULEVARD, SUITE 1180 Address: Address:

City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33137

Title: () Delete Title: SVP (X) Change () Addition EICHLER, DAVID A Name:

SHAMS, NAVEED K MD, PHD Name:

Address: 4400 BISCAYNE BOULEVARD, SUITE 900 Address: 4400 BISCAYNE BOULEVARD, SUITE 1180

City-St-Zip: City-St-Zip: MIAMI, FL 33137 MIAMI, FL 33137

Title: Title: (X) Change () Addition () Delete

UPPALURI, SUBBARAO UPPALURI, RAO PHD Name: Name:

4400 BISCAYNE BOULEVARD, SUITE 900 Address: 4400 BISCAYNE BOULEVARD, SUITE 1180 Address:

City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33137

Title: (X) Delete Title: () Change () Addition

RUBLN, STEVEN D Name: Name: 4400 BISCAYNE BOULEVARD, SUITE 900 Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PHILLIP FROST, M.D. С 04/30/2008