2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F07000003863

1. Entity Name
OPKO HEALTH, INC.

FILED
08 SEP 30 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137

09252008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-2402409 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

080930153340
10/10/08--01038--002 **61.25

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~C~~ FROST, PHILLIP M.D. 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/C/CEO FROST, PHILLIP, M.D. 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VC~~ HSIAO, JANE PHD,MBA 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VC/CTO HSIAO, JANE PHD, MBA 4400 BISCAYNE BOUELVARD, SUITE 1180 MIAMI, FL 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~EVP~~ RUBIN, STEPHEN D 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/EVP RUBIN, STEPHEN D 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SVP~~ SHAMS, NAVEED K MD, PHD 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP/CMO SHAMS, NAVEED K. MD,PHD 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CFO~~ UPPALURI, RAO PHD 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP/CFO UPPALURI, RAO PHD 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/EDF/CAO LOGAL, ADAM 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☒ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Steven D. Rubin 9/26/2008 305-575-6015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GJ Williams SEP 30 2008

ATTACHMENT TO
2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F07000003863
OPKO HEALTH, INC.

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11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR IN 11		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	D BARON, ROBERT A. 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☐ Change	■ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	D BEIER, THOMAS E. 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☐ Change	■ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	D GOLDSCHMIDT, PASCAL J. MD, FACC 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☐ Change	■ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	D LERNER, RICHARD A., MD 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☐ Change	■ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	D PAGANELLI, JOHN A. 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☐ Change	■ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	D PFENNIGER, JR. RICHARD C. 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☐ Change	■ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	D REICH, MICHAEL 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☐ Change	■ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	VP LOPEZ, J. MICHAEL 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☐ Change	■ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	S/DGC INMAN, KATE 4400 BISCAYNE BOULEVARD, SUITE 1180 MIAMI, FL 33137	☐ Change	■ Addition