

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003863

FILED
Apr 14, 2009
Secretary of State

Entity Name: OPKO HEALTH, INC.

Current Principal Place of Business:

4400 BISCAYNE BOULEVARD, SUITE 1180
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

4400 BISCAYNE BOULEVARD, SUITE 1180
MIAMI, FL 33137

New Mailing Address:

FEI Number: 75-2402409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: DCEO () Delete
Name: FROST, PHILLIP M.D.
Address: 4400 BISCAYNE BOULEVARD, SUITE 1180
City-St-Zip: MIAMI, FL 33137

Title: DVCT () Delete
Name: HSIAO, JANE PHD.MBA
Address: 4400 BISCAYNE BOULEVARD, SUITE 1180
City-St-Zip: MIAMI, FL 33137

Title: DEVP () Delete
Name: RUBIN, STEPHEN D
Address: 4400 BISCAYNE BOULEVARD, SUITE 1180
City-St-Zip: MIAMI, FL 33137

Title: SVPC () Delete
Name: SHAMS, NAVEED K MD, PHD
Address: 4400 BISCAYNE BOULEVARD, SUITE 1180
City-St-Zip: MIAMI, FL 33137

Title: SVPC () Delete
Name: UPPALURI, RAO PHD
Address: 4400 BISCAYNE BOULEVARD, SUITE 1180
City-St-Zip: MIAMI, FL 33137

Title: TEDF () Delete
Name: LOGAL, ADAM
Address: 4400 BISCAYNE BOULEVARD, SUITE 1180
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ADAM LOGAL

TE

04/14/2009

Electronic Signature of Signing Officer or Director

Date