2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2010
Secretary of State

DOCUMENT# F07000003863

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

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

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

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

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

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: ADAM LOGAL TEDF 04/30/2010

Electronic Signature of Signing Officer or Director Date