2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L87003

1. Entity Name
DSK-OPH, INC.

Principal Place of Business	Mailing Address
500 E BROWARD BLVD, SUITE 1950 FT LAUDERDALE, FL 33394	500 E BROWARD BLVD, SUITE 1950 FT LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE

03042005   No Chg-P   CR2E034 (10/03)

4. FEI Number.	Applied For
65-0202239	Not Applicable

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

6. Name and Address of Current Registered Agent

HAMAWAY, MICHAEL P
C/O MOMBACH, BOYLE & HARDIN, PA
500 EAST BROWARD BOULEVARD SUITE 1950
FORT LAUDERDALE, FL 33394

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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.

SIGNATURE_____

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

**FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00**

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	KAMELHAIR, STEVEN R
STREET ADDRESS	7260 SW 7TH ST
CITY-ST-ZIP	PLANTATION, FL
TITLE	D
NAME	NEMEROFSKY, STEPHEN L
STREET ADDRESS	6121 BANYON TERR
CITY-ST-ZIP	PLANTATION, FL
TITLE	D
NAME	ROLNICK, AUDIE M
STREET ADDRESS	3497 DERBY LANE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/05-80026-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   3/8/05   954 777 4924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #