

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L87003

1. Entity Name
DSK-OPH, INC.



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

Mailing Address
500 E BROWARD BLVD, SUITE 1950
FT LAUDERDALE, FL 33394



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0202239

Applied For
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

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
KAMELHAIR, STEVEN R
STREET ADDRESS
7260 SW 7TH ST
CITY-ST-ZIP
PLANTATION, FL

TITLE
NAME
D
NEMEROFSKY, STEPHEN L
STREET ADDRESS
6121 BANYON TERR
CITY-ST-ZIP
PLANTATION, FL

TITLE
NAME
D
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

U00000866855
03/26/07-80005-006 150.00

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IN THIS SPACE**

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 R Kamelhair* Steven R Kamelhair

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07

Date

954 797 4924

Daytime Phone #