

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07092008 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 <input checked="" type="checkbox"/> | \$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 \$550.00
Due by September 12, 2008**

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 | |

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|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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07/16/08-80001-003 558.75

**DO NOT WRITE
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 of 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #