2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L95048

1. Entity Name
OPH OF BOCA RATON, INC.

Principal Place of Business
7146 BERA CASA WAY
BOCA RATON, FL 33433

Mailing Address
7146 BERA CASA WAY
BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

01062007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0214777	Not Applicable

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

6. Name and Address of Current Registered Agent

PANNILL, MICHAEL J
7146 BERA CASA WAY
BOCA RATON, FL 33433

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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 _____ Owner/Operator   01/07/2007

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	P
NAME	PANNILL, EUGENE
STREET ADDRESS	7146 BERA CASA WAY
CITY-ST-ZIP	BOCA RATON, FL 33433

TITLE	VMGR
NAME	PANNILL, MICHAEL J
STREET ADDRESS	7146 BERACASA WAY
CITY-ST-ZIP	BOCA RATON, FL 33433

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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: _____ Michael J. Pannill   01/07/07   (561)395-2303

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