2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P01000081803

1. Entity Name
OPH/ROYAL PALM, INC.

Principal Place of Business	Mailing Address
500 EAST BROWARD BLVD SUITE 1950 FORT LAUDERDALE, FL 33394	500 EAST BROWARD BLVD SUITE 1950 FORT LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3616652
☐ 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 ESQ
500 EAST BROWARD BLVD 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)

U00000882373
04/16/08-80058-014 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	2240 SW 70TH AVE STE D
CITY-ST-ZIP	DAVIE, FL 33317
TITLE	D
NAME	NEMEROFSKY, STEPHEN L
STREET ADDRESS	2240 SW 70TH AVE STE D
CITY-ST-ZIP	DAVIE, FL 33317
TITLE	D
NAME	ROLNICK, AUDIE M
STREET ADDRESS	2240 SW 70TH AVE STE D
CITY-ST-ZIP	DAVIE, FL 33317
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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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 Kamelhair 3/11/08 954 7974924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #