


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000081808**

1. Entity Name  
**OPH/DORAL, INC.**



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

Mailing Address  
**500 EAST BROWARD BLVD SUITE 1950  
 FORT LAUDERDALE, FL 33394**

**DO NOT WRITE IN THIS SPACE**



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**04-3816664**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$150.00  
 After May 1, 2006 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	NEMEROFKSY, 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	

**DO NOT WRITE IN THIS SPACE**

04/03/06/2006/150.00

U00000490994  
 04/19/06-80004-013 150.00

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 2/27/06

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