

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P05000025355

1. Entity Name
OPH/BUCKHEAD, INC.



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

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



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2538168	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 BOULEVARD, SUITE 1950
FORT LAUDERDALE, FL 33394

**DO NOT WRITE
IN THIS SPACE**

B. 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

UN0000082315
04/16/08-80037-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAMELHAIR, STEVEN R
STREET ADDRESS	2240 S.W. 70TH AVENUE SUITE D
CITY-ST-ZIP	DAVIE, FL 33317

TITLE	D
NAME	NEMEROFSKY, STEPHEN L
STREET ADDRESS	2240 S.W. 70TH AVENUE SUITE D
CITY-ST-ZIP	DAVIE, FL 33317

TITLE	D
NAME	ROLNICK, AUDIE M
STREET ADDRESS	2240 S.W. 70TH AVENUE SUITE 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	

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Kamelhair

3/11/08

954 797 4924