

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthon  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000074875 (3)**

1. Corporation Name

**OPPORTUNITY HEALTH SERVICES CORP.**



Principal Place of Business

**141 S.W. 33RD AVENUE  
MIAMI FL 33135**

Mailing Address

**141 S.W. 33RD AVENUE  
MIAMI FL 33135**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**GONZALEZ, MARIA D  
141 S.W. 33RD AVE.  
MIAMI FL 33135**

3. Date Incorporated or Qualified  
**10/12/1994**

3a. Date of Last Report  
**06/23/1995**

4. FEI Number  
**65-0520885**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

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

8. This corporation has liability for intangible tax under s. 193.032, Florida Statute:  Yes  No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0500 and 607.1000, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0500, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Date

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, MARIA D</b>	
STREET ADDRESS	<b>141 S.W. 33RD AVE.</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33135</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 TITLE	
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is supplemental annual report. True and I declare 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 registrar or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/25/96 (705)**

Registered Agent

CR2E034 (12/95)