FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000074875

Mailing Address

MIAMI FL 33172

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

26

28

175 FOUNTAINBLEU BOUELVARD

Principal Place of Business

182

US

21

22

23

Zip

MIAMI FL 33172

175 FOUNTAINBLEU BOUELVARD

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

OPPORTUNITY HEALTH SERVICES CORP.

Country

4	25	29	30			Personal Property Tax.	☐ Yes	□No _
<u></u>	9. Name and Address of Current R					10. Name and Address of New Reg	istered Agent	
		_ 		81	Name			
Gonzalez, maria d 175 Fountainbleu Bouelvard				82	Street A	ddress (P.O. Box Number is Not Acceptable	<u>, </u>	
				102	Street At	udress (P.O. box Number is Not Acceptable	·,	
1	R 2			83				
M	IAMI FL 33172				**		85 Zip 0	`ode
				84	City		FL 85 Zip C	vode.
11. Pursic	ant to the provisions of Sections 607.0502 a	nd 607.1508. Florid	la Statutes, t	the above	-named co	orporation submits this statement for the pur	pose of changing its	registered
office	or registered agent, or both, in the State of I I am familiar with, and accept the obligation	Iorida Such chanc	ie was autho	nzed by i	the corpora	ation's board of directors. I hereby accept the	ne appointment as req	gistered
SIGNATUR	Signature, typed or printed name of registered agent an	d title Manuficable	(NOTE: Rec	letered Agen	t skapature ren	uired when reinstating)	DATE	
12.	OFFICERS AND I		(IAC) E. ICag	13.	s signature .oq	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	P		LETE	1.1 TITLE			☐ Change	Addition
NAME	GONZALEZ, MARIA D			1.2 NAME)			
STREET ADDRI	THE POLICE AND PUREL BOURS WADE	#1 R 2		1.3 STREET	ADDRESS	,		
	MIAMI FL 33172	/ ₁ # 1 11 E	3	1.4 CITY-ST				
CITY-ST-ZIP	MINIMATE OOTIZ		LETE	2.1 TITLE	~~-		☐ Change	Addition
NAME		_		2.2 NAME	Į			
STREET ADDR	TOP.		1	2.3 STREET	ADDRESS			
				2.4 CITY-S				
CITY-ST-ZIP TITLE		☐ DE	ELETE	3.1 TITLE			· Change	☐ Addition
NAME			1	3.2 NAME	1			
STREET ADDR	556			3.3 STREET	ADDRESS			
CITY-ST-ZIP			1	3.4. CITY-S	T-ZIP			
TITLE		D	ELETE	4.1 TITLE			Change	Addition
NAME	j.			4. 2 NAME	Į			
STREET ADDR	ess. ·			4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-51	r-ZIP			
TITLE		□ DI	ELETE	5.1 TITLE			Change	☐ Addition
NAME	1			5.2 NAME	1			
STREET ADDR	ESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST	r-zip			
TITLE		DI	ELETE	6.1 TITLE			Change	☐ Addition
NAME	.`			6.2 NAME	- }	•		
STREET ADDR	ESS			6.3 STREET	ADDRESS			
CITY-ST-7IP				6.4 CITY+S				
14. I here indica	by certify that the information supplied with the don this annual report or supplemental arms or director of the corporation or the receive 12 or Block 13 if changed, or or an attachm	inual report is true	and accurate exect to exec	and that	i my signat enort as re	ture shall have the same legal effect as it m equired by Chapter 607. Florida Statutes; ar	ade under oath: that	i am an

Country

SIGNATURE:

1/12/99 553-4863

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

FILED

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90062 010 ***150.00

DO NOT WRITE IN THIS SPACE

 \Box

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

10/12/1994 4. FEI Number

65-0520885