

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90377 028 ***150.00

DOCUMENT # P94000074875
 1. Entity Name
OPPORTUNITY HEALTH SERVICES CORP.

Principal Place of Business 175 FOUNTAINBLEU BOUELVARD SUITE 1G4 MIAMI FL 33172 US	Mailing Address 175 FOUNTAINBLEU BOUELVARD SUITE 1G4 MIAMI FL 33172 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 175 Fontainebleau Blvd Suite, Apt. #, etc. Suite 1G4 City & State Miami Zip 33172 Country FL	3. Mailing Address 175 Fontainebleau Blvd Suite, Apt. #, etc. Suite 1G4 City & State Miami Zip 33172 Country FL
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4. FEI Number 65-0520885	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GONZALEZ, MARIA D
 175 FOUNTAINBLEU BOUELVARD
 1 R 2
 MIAMI FL 33172**

7. Name and Address of New Registered Agent
 Name **Maria D. Gonzalez**
 Street Address (P.O. Box Number is Not Acceptable)
175 Fontainebleau Blvd 1G4
 City **Miami** State **FL** Zip Code **33172**

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.
 SIGNATURE **Maria Del C. Gonzalez** DATE **4/18/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, MARIA D 175 FOUNTAINBLEU BOUELVARD, #1 R 2 MIAMI FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gonzalez, Maria D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 175 Fontainebleau Blu, # 1G4 Miami FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Netty D. Perez** DATE **4/18/01** DAYTIME PHONE # **(305) 553-4863**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UG13097

CR2E034 (10/00)