

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90070 026 \*\*\*150.00

DOCUMENT # P94000074875  
1. Entity Name  
Opportunity Health Services Corp.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 175 Fontainebleau Blvd Suite, Apt. #, etc. 164 City & State Miami Zip 33172 Country FL		3. Mailing Address 175 Fontainebleau Blvd Suite, Apt. #, etc. 164 City & State Miami Zip 33172 Country FL	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0520885	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name Maria D. Gonzalez		
Street Address (P.O. Box Number is Not Acceptable) 175 Fontainebleau Blvd 164		
City Miami	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 D. Gonzalez DATE 4/26/02  
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.   
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	Gonzalez, Maria D 175 Fontainebleau Blvd, 164 Miami FL 33172
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/26/02 (305) 5534863  
Signature and typed or printed name of signing officer or director. Daytime Phone #