

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

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



04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0520885 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MARIA D  
 175 FOUNTAINBLEU BOUELVARD  
 1G4  
 MIAMI, FL 33172

**DO NOT WRITE IN THIS SPACE**

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. 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, 2004 Fee will be \$550.00**

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

00000128868  
 04/26/04 00055 000 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
 NAME GONZALEZ, MARIA D  
 STREET ADDRESS 175 FOUNTAINBLEU BOUELVARD, 1G4  
 CITY-ST-ZIP MIAMI, FL 33172

TITLE  
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 CITY-ST-ZIP

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12. 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 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

Maria D. Gonzalez 4/22/04 (305) 5534868

Date

Signature Phone #