

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074875

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** OPPORTUNITY HEALTH SERVICES CORP.

**Current Principal Place of Business:**

7310 NW 41 ST  
MIAMI, FL 33166 US

**New Principal Place of Business:**

8280 NW 27TH STREET  
503  
MIAMI, FL 33122 US

**Current Mailing Address:**

7310 NW 41 ST.  
MIAMI, FL 33166 US

**New Mailing Address:**

8280 NW 27TH STREET  
503  
MIAMI, FL 33122 US

**FEI Number:** 65-0520885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, NELLY L  
7310 NW 41 ST.  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

GONZALEZ, MARIA D  
8280 NW 27TH STREET  
503  
MIAMI, FL 33122 US

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

02/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GONZALEZ, MARIA D  
Address: 8280 NW 27TH STREET, SUITE 503  
City-St-Zip: MIAMI, FL 33122 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIA D GONZALEZ

P

02/09/2011

Electronic Signature of Signing Officer or Director

Date