

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000068545

1. Entity Name  
OPAL HEALTHCARE, INC.



Principal Place of Business  
110 SAND DUNES DRIVE  
ORMOND BEACH, FL 32176

Mailing Address  
110 SAND DUNES DRIVE  
ORMOND BEACH, FL 32176

**DO NOT WRITE IN THIS SPACE**



07302005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3399733

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

EWER, BEVERLY  
110 SAND DUNES DRIVE  
ORMOND BEACH, FL 32176

**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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVST  
EWER, BEVERLY J  
110 SAND DUNES DRIVE  
ORMOND BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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000000372158  
08/26/05-80001-013 550.00

**DO NOT WRITE  
IN THIS SPACE**

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: Beverly J. Ewer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/05

239-  
770-1585

Date

Daytime Phone #