

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 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



09052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3399733	Applied For Not Applicable
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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
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 09/06/06-80003-023 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 9/4/06 386 4415048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #