


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 13, 2007 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			
		08252007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3399733	Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000773855 09/13/07-200902-015 550.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST EWER, BEVERLY J 110 SAND DUNES DRIVE ORMOND BEACH, FL		
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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: <u>Beverly J Ewer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		9/5/2007	386 441 5048 <small>Daytime Phone #</small>