


## ANNUAL REPORT

<b>DOCUMENT # P96000068545</b> 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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  EWER, BEVERLY 110 SAND DUNES DRIVE ORMOND BEACH, FL 32176		<b>DO NOT WRITE IN THIS SPACE</b>
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 renewing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000959372 09/10/08-80001-011 550.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST EWER, BEVERLY J 110 SAND DUNES DRIVE ORMOND BEACH, FL	<b>DO NOT WRITE IN THIS SPACE</b>
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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 another I am empowered.		
SIGNATURE: <u>Beverly J Ewer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		9/7/08 3824415848 <small>Day Daytime Phone #</small>

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Sep 10, 200  
Secretar

07132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3399733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	