

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000001015 (1)**  
 1. Corporation Name  
**OPH/CORAL SPRINGS, INC.**



Principal Place of Business <b>500 EAST BROWARD BLVD. STE 1950 FORT LAUDERDALE FL 33394</b>	Mailing Address <b>500 EAST BROWARD BLVD. STE 1950 FORT LAUDERDALE FL 33394</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/06/1997</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>65-0738909</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24. Zip		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ADLER, MITCHELL D ESQ. 500 EAST BROWARD BLVD. STE 1950 FORT LAUDERDALE FL 33394</b>				10. Name and Address of New Registered Agent	
81. Name		<b>ROBERTS, DOUGLAS L.</b>			
82. Street Address (P.O. Box Number is Not Acceptable)		<b>c/o MOMBACH, BOYLE &amp; HARDIN, P.A.</b>			
83. Street Address		<b>500 East Broward Boulevard, Suite 1950</b>			
84. City		<b>Fort Lauderdale</b>		85. Zip Code	<b>FL 33394</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Steven R. Kamelhair* DATE: **3/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAMELHAIR, STEVEN R</b>	1.2 NAME	
STREET ADDRESS	<b>400 NW 74TH AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEMEROFSKY, STEPHEN L</b>	2.2 NAME	
STREET ADDRESS	<b>6121 BANYAN TERRACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROLNICK, AUDIE M</b>	3.2 NAME	<b>3497 DERBY LAUNE</b>
STREET ADDRESS	<b>1210 NW 78TH AVE.</b>	3.3 STREET ADDRESS	<b>WESTON, FL. 33331</b>
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on any attachment with an address

SIGNATURE: *Steven R. Kamelhair* **Steven R. Kamelhair** President **4/3/98** (954) 797-4924

CR2E034 (10/97)