2000 UNIFORM BUSINESS REPORT (UBR)

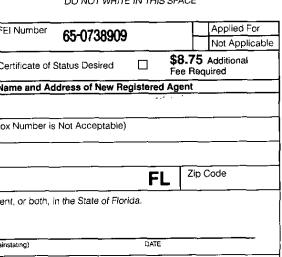
DOCUMENT # **P97000001015**

OPH/CORAL SPRINGS, INC.

Principal Place of Business 500 EAST BROWARD BLVD. STE 1950 FORT LAUDERDALE FL 33394		Mailing Address 500 EAST BROWARD BLVD. STE 1950 FORT LAUDERDALE FL 33394-3004		ļ			
				<u> </u>			
		10 M-85-20					
2. Principal Place of Business		3. Mailing Address]	00301 1401 0010 1400 0411 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS SPACE	
City & State		City & State		4.	FEI Number 65-0738909	Applied For Not Applicat	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FT LAUI	ST BROWARD BLVD, SUITE 19 DERDALE FL 33394 med entity submits this statement for		City ts registered office or	r registered ag	gent, or both, in the State of Florida.	Zip Code	
Sign	nature, typed or printed name of registered agent	and title if applicable, (NC	OTE: Registered Agent signat	ure required when r	reinstating) DAT	E	
•	ion is eligible to satisfy its Intangible direment and elects to do so. on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12.	ΑC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
STREET ADDRESS 40	AMELHAIR, STEVEN R 00 NW 74TH AVENUE LANTATION FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Additi	
TITLE D		☐ Delete	TITLE			☐ Change ☐ Additi	

FILED Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90152 031 ***150.00



☐ Addition STREET ADDRESS STREET ADDRESS 6121 BANYAN TERRACE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 Addition Delete ... ☐ Change TITLE ROLNICK, AUDIE M NAME NAME STREET ADDRESS 3497 DERBY LANE STREET ADDRESS CITY-ST-ZIP WESTON FL 33331 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

☐ Addition