


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000001015
 1. Entity Name
OPH/CORAL SPRINGS, INC.



Principal Place of Business Mailing Address
500 EAST BROWARD BLVD. STE 1950 **500 EAST BROWARD BLVD. STE 1950**
FORT LAUDERDALE, FL 33394 **FORT LAUDERDALE, FL 33394**

DO NOT WRITE IN THIS SPACE



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0738909 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HAMAWAY, MICHEAL P
C/O MOMBACH, BOYLE & HARDIN, P.A.
500 EAST BROWARD BLVD, SUITE 1950
FT LAUDERDALE, FL 33394

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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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAMELHAIR, STEVEN R
STREET ADDRESS	7260 SW 7 ST
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	NEMEROFSKY, STEPHEN L
STREET ADDRESS	8121 BANYAN TERRACE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	ROLNICK, AUDIE M
STREET ADDRESS	3497 DERBY LANE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/19/06-80004-016 150.00

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: Steven Kamelhair 2/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #