

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000001015**

1. Entity Name  
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



01232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0738909

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HAMAWAY, MICHAEL P  
C/O MOMBACH, BOYLE & HARDIN, P.A.  
500 EAST BROWARD BLVD, SUITE 1950  
FT LAUDERDALE, FL 33394

**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 \_\_\_\_\_

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, 2007 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 6121 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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03/26/07-80005-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Steven R Kamelhair*  
Steven R Kamelhair

1/25/07

954 797 4924