


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 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



01232007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0738909 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | D KAMELHAIR, STEVEN R 7260 SW 7 ST PLANTATION, FL 33317 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NEMEROFSKY, STEPHEN L 6121 BANYAN TERRACE PLANTATION, FL 33317 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROLNICK, AUDIE M 3497 DERBY LANE 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

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 R Kamelhair* **1/25/07** **954 797 4924**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #