


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000001015 1. Entity Name OPH/CORAL SPRINGS, INC.	
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FILED
Jul 16, 2008 08:00 AM
Secretary of State

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
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07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0738909	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 \$550.00
Due by September 12, 2008

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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07/16/08-80001-002 558.75

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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:  7/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #