

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000065348**

1. Entity Name  
OPH/BOYNTON, INC.



Principal Place of Business  
500 E BROWARD BLVD, STE 1950  
FORT LAUDERDALE, FL 33394

Mailing Address  
500 E BROWARD BLVD, STE 1950  
FORT LAUDERDALE, FL 33394



03042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0866488

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  
500 E BROWARD BLVD, STE 1950  
FORT 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, 2005 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  
D  
KAMELHAIR, STEVEN R  
STREET ADDRESS  
7260 SW 7 ST  
CITY-ST-ZIP  
PLANTATION, FL 33317

TITLE  
NAME  
D  
NEMEROFSKY, STEPHEN L  
STREET ADDRESS  
6121 BANYAN TERR  
CITY-ST-ZIP  
PLANTATION, FL 33317

TITLE  
NAME  
D  
ROLNICK, AUDIE M  
STREET ADDRESS  
1210 NW 78TH AVE  
CITY-ST-ZIP  
PLANTATION, FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UD00000300436  
04/12/05-80019-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

3/8/05 (954) 797 4924

Date Daytime Phone #