


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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|---|---|
| DOCUMENT # P98000065348 1. Entity Name OPH/BOYNTON, INC. |  |
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| 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 |
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01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0866488 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HAMAWAY, MICHAEL P 500 E BROWARD BLVD, STE 1950 FORT 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| 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 TERR PLANTATION, FL 33317 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ROLNICK, AUDIE M 1210 NW 78TH AVE PLANTATION, FL 33322 |
| 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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| <p>U00000686858 03/26/07-80005-009 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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: Steven R Kamelhair 1/25/07 954 797 4924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #