


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # S80646</b> 1. Entity Name O.P.H./SOUTH FLORIDA, INC.	
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Principal Place of Business 500 E BROWARD BLVD SUITE 1950 FT LAUDERDALE, FL 33394	Mailing Address 500 E BROWARD BLVD SUITE 1950 FT LAUDERDALE, FL 33394
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01232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0284234	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HAMAWAY, MICHAEL P MOMBACH, BOYLE & HARDIN, PA 500 EAST BROWARD BLVD, SUITE 1950 FT LAUDERDALE, FL 33394
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**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAMELHAIR, STEVEN R 7260 SW 7TH ST PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEMEROFSKY, STEPHEN L 6121 BANYON TER PLANTATION, FL
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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03/26/07-80005-005 150.00

**DO NOT WRITE  
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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 9547974924  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #