2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P03000084975

Entity Name: OGLETHORPE OF OHIO, INC.

Current Principal Place of Business:

18302 HIGHWOODS PRESERVE PARKWAY
#114
TAMPA, FL 33647 US

New Principal Place of Business:

15310 AMBERLY DRIVE
310
TAMPA, FL 33647 US

Current Mailing Address:

18302 HIGHWOODS PRESERVE PARKWAY
#114
TAMPA, FL 33647 US

New Mailing Address:

15310 AMBERLY DRIVE
310
TAMPA, FL 33647 US

FEI Number: 20-0161431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROCK, JAMES C
7065 WESTPOINTE BOULEVARD
#317
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COHEN, ROBERT M
Address: 18302 HIGHWOOD PRESERVE PKWY., STE 114
City-St-Zip: TAMPA, FL 33647 US

Title: DP ( ) Delete
Name: PICCIANO, JOHN R
Address: 18302 HIGHWOOD PRESERVE PKWY., STE 114
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: COHEN, ROBERT M
Address: 15310 AMBERLY DRIVE, STE. #310
City-St-Zip: TAMPA, FL 33647 US

Title: DP (X) Change ( ) Addition
Name: PICCIANO, JOHN R
Address: 15310 AMBERLY DRIVE, STE. #310
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. PICCIANO DP 04/27/2009

Electronic Signature of Signing Officer or Director Date