

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90452 044 ***150.00

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DOCUMENT # F05000005715 1. Entity Name OP THC THERAPY COMPANY					
Principal Place of Business C/O TANDEM HEALTY CARE ONE OXFORD CENTRE, 301 GRANT ST., 20TH FL PITTSBURGH, PA 15219			Mailing Address C/O TANDEM HEALTY CARE ONE OXFORD CENTRE, 301 GRANT ST., 20TH FL PITTSBURGH, PA 15219		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 27-0028108			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONTE, JOSEPH D <input type="checkbox"/> Delete 800 CONCOURSE PARKWAY, S., SUITE 200 MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Conte, Joseph D 800 Concourse Parkway, S., Suite 200 Maitland, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete CURCIO, EUGENE R 800 CONCOURSE PARKWAY, S., SUITE 200 MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Curcio, Eugene R 800 Concourse Parkway S., Suite 200 Maitland, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete DEERING, LAWRENCE R 800 CONCOURSE PARKWAY, S., SUITE 200 MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Deering, Lawrence R 800 Concourse Parkway S., Suite 200 Maitland FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete CORSETTI, ROSEMARY L ONE OXFORD CENTRE, 301 GRANT ST., 20TH FL PITTSBURGH, PA 15219		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Rosemary L. Corsetti March 24, 2006 (412) 281-4420 Secretary		