

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005715

FILED
May 01, 2008
Secretary of State

Entity Name: OP THC THERAPY COMPANY

Current Principal Place of Business:

C/O TANDEM HEALTY CARE
ONE OXFORD CENTRE, 301 GRANT ST 20 FLOOR
PITTSBURGH, PA 15219

Current Mailing Address:

C/O TANDEM HEALTY CARE
ONE OXFORD CENTRE, 301 GRANT ST 20 FLOOR
PITTSBURGH, PA 15219

New Principal Place of Business:

C/O TANDEM HEALTH CARE
1035 POWERS PLACE
ALPHARETTA, GA 30004

New Mailing Address:

C/O TANDEM HEALTH CARE
1035 POWERS PLACE
ALPHARETTA, GA 30004

FEI Number: 27-0028108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: WHITMAN, ARNOLD M
Address: 1035 POWERS PLACE
City-St-Zip: ALPHARETTA, GA 30004

Title: PSDT () Delete
Name: SERTICJ, CHRISTOPHER M
Address: 1035 POWERS PLACE
City-St-Zip: ALPHARETTA, GA 30004

Title: DV () Delete
Name: LEARSY, SERGE A
Address: 1650 TYSONS BLVD. STE 1600
City-St-Zip: MC LEAN, VA 22102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PSDT (X) Change () Addition
Name: SERTICH, CHRISTOPHER M
Address: 1035 POWERS PLACE
City-St-Zip: ALPHARETTA, GA 30004

Title: DV (X) Change () Addition
Name: CHILSON, JOHN
Address: 1650 TYSONS BLVD. STE 1600
City-St-Zip: MC LEAN, VA 22102

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: CHRISTINA K FIRTH

A

05/01/2008

Electronic Signature of Signing Officer or Director

Date