

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90402 040 ***150.00

DOCUMENT # P02000077074

1. Entity Name
OP KISSIMMEE, INC.



Principal Place of Business
**1035 POWERS PLACE
ALPHARETTA, GA 30004**

Mailing Address
**1035 POWERS PLACE
ALPHARETTA, GA 30004**

40088100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

71-0896818

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DCEO
DEERING, LAWRENCE R
800 CONCOURSE PKWY S., STE 200
MAITLAND, FL 32751** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
CURCIO, EUGENE R
800 CONCOURSE PKWY S., STE 200
MAITLAND, FL 32751** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPCO
CONTE, JOSEPH D
800 CONCOURSE PKWY S., STE 200
MAITLAND, FL 32751** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
CORSETTI, ROSEMARY L
301 GRANT ST., ONE OXFORD CENTRE, 20TH FL
PITTSBURGH, PA 15219** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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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:

Eugene R. Curcio

EUGENE CURCIO

4/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #