


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000077081  
1. Entity Name  
OP TALLAHASSEE, INC.



Principal Place of Business  
1650 PHILLIPS RD.  
TALLAHASSEE, FL 32308

Mailing Address  
2111 GLENWOOD DR STE 202  
WINTER PARK, FL 32792

**DO NOT WRITE IN THIS SPACE**



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number  
14-1860674

Applied For  
Not Applicable

5. Certificate of Status Desired  \$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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

000000508408  
04/28/06-80002-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	DEERING, LAWRENCE R
STREET ADDRESS	800 CONCOURSE PKWY S., STE 200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DT
NAME	CURCIO, EUGENE R
STREET ADDRESS	800 CONCOURSE PKWY S., STE 200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DPCO
NAME	CONTE, JOSEPH D
STREET ADDRESS	800 CONCOURSE PKWY S., STE 200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	S
NAME	CORSETTI, ROSEMARY L
STREET ADDRESS	301 GRANT ST., ONE OXFORD CENTRE, 20TH FL
CITY-ST-ZIP	PITTSBURGH, PA 15219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Rosemary L. Corsetti Date: March 24, 2006 (412) 281-442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Daytime Phone #