

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107541

Entity Name: TANDEM HEALTH CARE OF PORT CHARLOTTE, LLC

Current Principal Place of Business:

3500 LENOX ROAD NE
SUITE 510
ATLANTA, GA 30326

Current Mailing Address:

3500 LENOX ROAD NE
SUITE 510
ATLANTA, GA 30326 US

FEI Number: 26-3538415

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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

Authorized Person(s) Detail :

Title MANAGER
Name BECKWITH, BRIAN S
Address 3500 LENOX ROAD NE
SUITE 510
City-State-Zip: ATLANTA GA 30326

Title MANAGER
Name HARKINS, RICHARD
Address 3500 LENOX ROAD NE
SUITE 510
City-State-Zip: ATLANTA GA 30326

Title MANAGER
Name DILLARD, SAMUEL M
Address 3500 LENOX ROAD NE
SUITE 510
City-State-Zip: ATLANTA GA 30326

Title MANAGER
Name BROWN, SCOTT E
Address 3500 LENOX ROAD NE
SUITE 510
City-State-Zip: ATLANTA GA 30326

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT E BROWN

MANAGER

04/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date