


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90246 012 ***150.00

DOCUMENT # F04000001086

1. Entity Name
TANDEM HEALTH CARE OF OHIO, INC.



Principal Place of Business Mailing Address

ONE OXFORD CENTRE, 20TH FLOOR **ONE OXFORD CENTRE, 20TH FLOOR**
301 GRANT STREET **301 GRANT STREET**
PITTSBURGH, PA 15219 **PITTSBURGH, PA 15219**

14000000



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01242005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

34-1911978 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

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 _____ 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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> Delete
NAME	DEERING, LAWRENCE R	
STREET ADDRESS	800 CONCOURSE PARKWAY S., SUITE 200	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CONTE, JOSEPH D	
STREET ADDRESS	800 CONCOURSE PARKWAY S., SUITE 200	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CURCIO, EUGENE R	
STREET ADDRESS	800 CONCOURSE PARKWAY S., SUITE 200	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORSETTI, ROSEMARY L	
STREET ADDRESS	301 GRANT STREET, 20TH FLOOR	
CITY-ST-ZIP	PITTSBURGH, PA 15219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 **Rosemary L. Corsetti** **April 8, 2005** **(412) 281-4420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Secretary