## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris FOR** Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS 00 NOV 13 PM 3:58 F97000006113 **DOCUMENT #** 1. Corporation Name SECRETARY OF STATE ! TABLAHASSEE. FLORIDA TANDEM HEALTH CARE, INC. Mailing Address Printipal Place of Business 200 CORPORATE CENTER DR. 200 CORPORATE CENTER DR. CHERRINGTON CORP., CTR., STE 360 CHERRINGTON CORP., CTR., STE 360 nstatement 00 MOON TOWNSHIP PA 15108 MOON TOWNSHIP PA 15108 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 11/19/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. -5.-FEI Number ... Applied For 23-2923146 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Officer and/or Director Title(s) 200 Corporate Dr. 360 SEWICKLEY PA 15143 PERSIMMON PD. **CDT** DEERING, LAWRENCE R 200 Curporate Dr. 360 DPS CONTE, JOSEPH D Moon twp.-PA-15108 500003496505---8 -12/12/00--01025--006 \*\*\*\*750.00 \*\*\*\*750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. PLANTATION FL 33324 Zip Code City 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. A Kern FAT CELLIA Signature of Registered Agent REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOW LENGE SCIENCE, CEO

10-19-00

412-269-2400 Daytime Phone # 1 1