

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2001 8:00 am
Secretary of State

04-10-2001 90004 015 ***150.00

DOCUMENT # F97000006113

1. Entity Name

TANDEM HEALTH CARE, INC.

Principal Place of Business

Mailing Address

200 CORPORATE CENTER DR.
 CHERRINGTON CORP., CTR., STE 360
 MOON TOWNSHIP PA 15108

200 CORPORATE CENTER DR.
 CHERRINGTON CORP., CTR., STE 360
 MOON TOWNSHIP PA 15108

2. Principal Place of Business

200 Corporate Center Dr

3. Mailing Address

200 Corporate Center Dr

Suite, Apt. #, etc.
 Suite 360

Suite, Apt. #, etc.
 Suite 360



DO NOT WRITE IN THIS SPACE

City & State

Moon Twp., PA

City & State

Moon Twp., PA

4. FEI Number

23-2923146

Applied For

Not Applicable

Zip
 15108

Country
 US

Zip
 15108

Country
 US

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

Name
 Title
 Street
 20
 Suite
 City
 Moon

Registered Agent is Unchanged

Zip Code
 15108

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution, ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT DEERING, LAWRENCE R 200 CORPORATE DRIVE #360 MOON TOWNSHIP PA 15108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CONTE, JOSEPH D 200 CORPORATE DRIVE #360 MOON TOWNSHIP PA 15108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C Deering, Lawrence R. 200 Corporate Center Dr., Ste. 360 Moon Township, PA 15108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Conte, Joseph D 2040 Winter Springs Blvd. Oviedo, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Corsetti, Rosemary L 200 Corporate Center Dr., Ste. 360 Moon Township, PA 15108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Curcio, Eugene R 200 Corporate Center Dr., Ste. 360 Moon Township, PA 15108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Behrman, Darryl Behrman Capital, 126 East 56th Street New York, NY 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Visser, Mark Behrman Capital, 126 East 56th Street New York, NY 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence R. Deering

(412) 269-2400

Date

Daytime Phone #

CR2E034 (10/00)

Document#
F97000006113

71102

~~CONFIDENTIAL~~

SCHEDULE I

2001 UNIFORM BUSINESS REPORT
STATE OF FLORIDA
TANDEM HEALTH CARE, INC.

Question 12 (continued) Board of Directors

TITLE
NAME
ADDRESS

D
Whitman, John D
The Whitman Group
101 West Avenue, Suite 300
Jenkintown, PA 19046

Addition

TITLE
NAME
ADDRESS

D
Sandler, Neil
Behrman Capital
126 East 56th Street
New York, NY 10022

Addition