

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006113

1. Entity Name

TANDEM HEALTH CARE, INC.

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90076 017 \*\*\*150.00

0619742 AT

Principal Place of Business  
200 CORPORATE CENTER DR.  
SUITE 360  
MOON TOWNSHIP PA 15108

Mailing Address  
200 CORPORATE CENTER DR.  
SUITE 360  
MOON TOWNSHIP PA 15108



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2923146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC ☐ Delete  
NAME DEERING, LAWRENCE R  
STREET ADDRESS 200 CORPORATE DRIVE #360  
CITY-ST-ZIP MOON TOWNSHIP PA 15108

TITLE D ☐ Change ☒ Addition  
NAME Whitman, John J.  
STREET ADDRESS The Whitman Group  
CITY-ST-ZIP 101 West Avenue, Suite 300  
Jenkintown, PA 19046 ☐ Change ☐ Addition

TITLE DP ☐ Delete  
NAME CONTE, JOSEPH D  
STREET ADDRESS 2040 WINTER SPRINGS BLVD.  
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S ☐ Delete  
NAME CORSETTI, ROSEMARY L  
STREET ADDRESS 200 CORPORATE CENTER DR., STE 360  
CITY-ST-ZIP MOON TOWNSHIP PA 15108

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T ☐ Delete  
NAME CUCIO, EUGENE R  
STREET ADDRESS 200 CORPORATE CENTER DR., STE 360  
CITY-ST-ZIP MOON TOWNSHIP PA 15108

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME BEHRMAN, DARRYL  
STREET ADDRESS BEHRMAN CAPITAL, 126 E. 56TH ST.  
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME VISSER, MARK  
STREET ADDRESS BEHRMAN CAPITAL, 126 E. 56TH ST.  
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ 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 of Mark Visser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02 (412)269-2400

Date

Daytime Phone #

CR2E034 (9/01)