

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90283 041 \*\*\*150.00

<b>DOCUMENT # F97000006113</b>					
<b>1. Entity Name</b> <b>TANDEM HEALTH CARE, INC.</b>					
<b>Principal Place of Business</b> C/O CORPORATE SECRETARY, TANDEM HEALTH CARE ONE OXFORD CENTRE, 301 GRANT ST. 20TH FL PITTSBURGH, PA 15219			<b>Mailing Address</b> C/O CORPORATE SECRETARY, TANDEM HEALTH CARE ONE OXFORD CENTRE, 301 GRANT ST. 20TH FL PITTSBURGH, PA 15219		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04132004    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 23-2923146				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DC DEERING, LAWRENCE R 200 CORPORATE DRIVE #360 MOON TOWNSHIP, PA 15108	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D/C/CEO Lawrence R. Deering 800 Concourse Parkway S., Suite 200 Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP CONTE, JOSEPH D 2040 WINTER SPRINGS BLVD. OVIEDO, FL 32765	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D/P/COO Joseph D. Conte 800 Concourse Parkway S., Suite 200 Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S CORSETTI, ROSEMARY L 200 CORPORATE CENTER DR., STE 360 MOON TOWNSHIP, PA 15108	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S Rosemary L. Corsetti One Oxford Centre, 20th Floor, 301 Grant St. Pittsburgh, PA 15219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T CUCIO, EUGENE R 200 CORPORATE CENTER DR., STE 360 MOON TOWNSHIP, PA 15108	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T Eugene R. Curcio 800 Concourse Parkway S., Suite 200 Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D WHITMAN, JOHN J 101 WEST AVENUE GROUP JENKINTOWN, PA 19046	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D John J. Whitman 105 Thatcher Court North Wales, PA 19454	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D VISSER, MARK BEHRMAN CAPITAL, 126 E. 56TH ST. NEW YORK, NY 10022	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	See Attachment A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>			<b>Rosemary L. Corsett 4/19/04 (412) 281-4420</b> Secretary		

*Attachment*

*5404060*  
*#F94000006113*

**TANDEM HEALTH CARE, INC.  
FLORIDA ANNUAL REPORT 2004**

**ATTACHMENT A**

Director  
Robert W. Gluskin  
421 Hideaway Ln. Central  
Lindale, TX 75771

Addition

Director  
William M. Matthes, Managing Partner  
Behrman Capital  
Four Embarcadero Center, Suite 3640  
San Francisco, CA 94111

Addition