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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91845 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90113623

DOCUMENT # F97000006113

1. Entity Name
TANDEM HEALTH CARE, INC.

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

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 23-2923146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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. 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 submitting)

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to: Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC DEERING, LAWRENCE R 200 CORPORATE DRIVE #360 MOON TOWNSHIP, PA 15108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Whitman, John J. The Whitman Group 101 West Avenue, Suite 300 Jenkintown, PA 19046	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CONTE, JOSEPH D 2040 WINTER SPRINGS BLVD. OVIEDO, FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/COO Conte, Joseph J. 200 Corporate Center Dr., St. 360 Moon Township, PA 15108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CORSETTI, ROSEMARY L 200 CORPORATE CENTER DR., STE 360 MOON TOWNSHIP, PA 15108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Matthes, William 200 California St., Apt. 406 San Francisco, CA 94109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CUCIO, EUGENE R 200 CORPORATE CENTER DR., STE 360 MOON TOWNSHIP, PA 15108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEHRMAN, DARRYL BEHRMAN CAPITAL, 126 E. 56TH ST. NEW YORK, NY 10022	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VISSER, MARK BEHRMAN CAPITAL, 126 E. 56TH ST. NEW YORK, NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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.

SIGNATURE: _____ Rosemary L. Corsetti 4/7/03 (412) 269-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #