

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108309

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** TANDEM HEALTH CARE OF NEW PORT RICHEY, LLC

**Current Principal Place of Business:**

1035 POWERS PLACE  
ALPHARETTA, GA 30009

**New Principal Place of Business:**

**Current Mailing Address:**

1035 POWERS PLACE  
ALPHARETTA, GA 30009

**New Mailing Address:**

**FEI Number:** 26-3538334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FIRTH, CHRISTINA K  
Address: 1035 POWERS PLACE  
City-St-Zip: ALPHARETTA, GA 30009

Title: MGR  
Name: NISHIMURA, KEVIN  
Address: 1035 POWERS PLACE  
City-St-Zip: ALPHARETTA, GA 30009

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTINA K. FIRTH

MGR

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date