2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004
Secretary of State

DOCUMENT# N02000008590

Entity Name: TANDEM HEALTH AND BEHAVIORAL DIMENSIONS, INC.

Current Principal Place of Business:

5220 SW 101 AVE
COOPER CITY, FL 33328

New Principal Place of Business:

Current Mailing Address:

5220 SW 101 AVE
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 65-1162834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SQUIRES, GILBERT K
2213 N UNIVERSITY DR
PEMBROKE PINES, FL 33024 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BULLARD, RENETTA
Address: 1040 SANDALWOOD LANE
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: SEIDLER, VIRGINIA
Address: 2112 SW 81 WAY
City-St-Zip: DAVIE, FL 33324

Title: D ( ) Delete
Name: DECKER, FAY
Address: 10311 NW 18 DR
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete
Name: STACHOWIAK, BARBARA
Address: 5220 SW 101 AVE
City-St-Zip: COOPER CITY, FL 33328

Title: D ( ) Delete
Name: SEAWRIGHT, TRACY
Address: 1208 NE 10 AVE
City-St-Zip: FT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA STACHOWIAK D 03/04/2004

Electronic Signature of Signing Officer or Director — Date