

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90110 003 ****61.25

DOCUMENT # N02000008590

1. Entity Name
TANDEM HEALTH AND BEHAVIORAL DIMENSIONS, INC.



Principal Place of Business

**5220 SW 101 AVE
COOPER CITY FL 33328**

Mailing Address

**5220 SW 101 AVE
COOPER CITY FL 33328**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1162834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BULLARD, RENETTA**
STREET ADDRESS **1040 SANDALWOOD LANE**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☐ Delete
NAME **SEIDLER, VIRGINIA**
STREET ADDRESS **2112 SW 81 WAY**
CITY-ST-ZIP **DAVIE FL 33324**

TITLE **D** ☐ Delete
NAME **DECKER, FAY**
STREET ADDRESS **10311 NW 18 DR**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **D** ☐ Delete
NAME **STACHOWIAK, BARBARA**
STREET ADDRESS **5220 SW 101 AVE**
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE **D** ☐ Delete
NAME **SEAWRIGHT, TRACY**
STREET ADDRESS **1208 NE 10 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **Seawright Tracy**
STREET ADDRESS **1208 NE 10th Ave**
CITY-ST-ZIP **FT Lauderdale FL 33304**

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

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 617, 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:

Barbara Stachowiak

1/26/03 954 252 1717

CR2E037 (10/02)