

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/10/

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90004 018 \*\*\*150.00

**DOCUMENT # P00000023410**

1. Entity Name

**TANDEM HEALTH CARE OF BAYONET POINT, INC.**

Principal Place of Business

**2040 WINTER SPRINGS BLVD.  
 OVIEDO FL 32765**

Mailing Address

**2040 WINTER SPRINGS BLVD.  
 OVIEDO FL 32765**

2. Principal Place of Business

**8132 Hudson Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**200 Corporate Center Dr**

Suite, Apt. #, etc.

**Suite 360**

City & State

**Hudson, FL**

City & State

**Moon Twp, PA**

Zip

**34667**

Country

**US**

Zip

**15108**

Country

**US**

4. FEL Number

**59-3629259**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**TANDEM HEALTH CARE, INC.  
 2040 WINTER SPRINGS BLVD.  
 OVIEDO FL 32765**

Name

**Ta**

Street

**20**

Suite

**Su**

City

**Mo**

**Registered Agent is Unchanged**

p Code

**15108**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEERING, LAWRENCE R</b>	
STREET ADDRESS	<b>200 CORPORATE CENTER DR., STE. 360</b>	
CITY-ST-ZIP	<b>MOON TOWNSHIP PA 15108</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CONTE, JOSEPH D</b>	
STREET ADDRESS	<b>2040 WINTER SPRINGS BLVD.</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CURCIO, EUGENE R</b>	
STREET ADDRESS	<b>200 CORP. CENTER DR., STE. 360</b>	
CITY-ST-ZIP	<b>MOON TOWNSHIP FL 15108</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D/C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Deering, Lawrence R</b>	
STREET ADDRESS	<b>200 Corporate Center Dr., Ste. 360</b>	
CITY-ST-ZIP	<b>Moon Township, PA 15108</b>	
TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Conte, Joseph D</b>	
STREET ADDRESS	<b>2040 Winter Springs Blvd.</b>	
CITY-ST-ZIP	<b>Oviedo, FL 32765</b>	
TITLE	<b>D/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Curcio, Eugene R</b>	
STREET ADDRESS	<b>200 Corporate Center Dr., Ste 360</b>	
CITY-ST-ZIP	<b>Moon Township, PA 15108</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Corsetti, Rosemary L</b>	
STREET ADDRESS	<b>200 Corporate Center Dr., Ste. 360</b>	
CITY-ST-ZIP	<b>Moon Township, PA 15108</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lawrence E. Deering**

Date

**(412) 269-2400**

Daytime Phone #

CR2E034 (10/00)