

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000023410

1. Entity Name
TANDEM HEALTH CARE OF BAYONET POINT, INC.



Principal Place of Business
**8132 HUDSON AVENUE
HUDSON, FL 34667**

Mailing Address
**2111 GLENWOOD DRIVE
SUITE 202
WINTER PARK, FL 32792**



03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3629259

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DCCE
NAME	DEERING, LAWRENCE R
STREET ADDRESS	800 CONOURSE PARKWAY S STE 200
CITY- ST- ZIP	MAITLAND, FL 32751
TITLE	DPCO
NAME	CONTE, JOSEPH D
STREET ADDRESS	800 CONOURSE PARKWAY S STE 200
CITY- ST- ZIP	MAITLAND, FL 32751
TITLE	DT
NAME	CURCIO, EUGENE R
STREET ADDRESS	800 CONOURSE PARKWAY S STE 200
CITY- ST- ZIP	MAITLAND, FL 32751
TITLE	S
NAME	CORSETTI, ROSEMARY L
STREET ADDRESS	ONE OXFORD CENTRE 20TH FLOOR 301 GRANT ST
CITY- ST- ZIP	PITTSBURGH, PA 15219
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1000000508419
04/28/06-80002-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **March 24, 2006** **(412) 281-4420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date

Daytime Phone