

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90987 046 \*\*\*150.00

**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

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**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**

**7. Name and Address of New Registered Agent**

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

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** DC ☐ Delete  
**NAME** DEERING, LAWRENCE R  
**STREET ADDRESS** 200 CORPORATE CENTER DR., STE. 360  
**CITY-ST-ZIP** MOON TOWNSHIP PA 15108

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

**TITLE** DP ☐ Delete  
**NAME** CONTE, JOSEPH D  
**STREET ADDRESS** 2040 WINTER SPRINGS BLVD.  
**CITY-ST-ZIP** OVIEDO FL 32765

**TITLE** D/P/COO ☒ Change ☐ Addition  
**NAME** Conte, Joseph D.  
**STREET ADDRESS** 200 Corporate Center Drive, Suite 360  
**CITY-ST-ZIP** Moon Township, PA 15108

**TITLE** DT ☐ Delete  
**NAME** CURCIO, EUGENE R  
**STREET ADDRESS** 200 CORP. CENTER DR., STE. 360  
**CITY-ST-ZIP** MOON TOWNSHIP FL 15108

**TITLE** D/T ☒ Change ☐ Addition  
**NAME** Curcio, Eugene R.  
**STREET ADDRESS** 200 Corporate Center Drive, Suite 360  
**CITY-ST-ZIP** Moon Township, PA 15108

**TITLE** S ☐ Delete  
**NAME** CORSETTI, ROSEMARY L  
**STREET ADDRESS** 200 CORPORATE CENTER DRIVE SUITE 360  
**CITY-ST-ZIP** MOON TOWNSHIP PA 15108

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

**TITLE** ☐ Delete  
**NAME**  
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**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 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*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Rosemary L. Corsetti 4/7/03 (412) 269-2400

Date

Daytime Phone #

CR2E034 (10/02)