

2001 UNIFORM BUSINESS REPORT (UBR)

4/10/

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

04-10-2001 90004 013 ***150.00

DOCUMENT # P00000023418

1. Entity Name

TANDEM HEALTH CARE OF SAFETY HARBOR, 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

1410 Fourth Street North

Suite, Apt. #, etc.

3. Mailing Address

200 Corporate Center Dr

Suite, Apt. #, etc.
 Suite 360

City & State

Safety Harbor, FL

City & State

Moon Twp., PA

Zip

34695

Country

US

Zip

15108

Country

US

4. FEI Number

59-3629274

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

7. Name and Address of New Registered Agent

Name

Tand

Street A

200

Suit

City

Moon

Registered Agent is Unchanged

Code

3108

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	D	<input type="checkbox"/> Delete
NAME	DEERING, LAWRENCE R	
STREET ADDRESS	200 CORPORATE CENTER DR., STE. 360	
CITY-ST-ZIP	MOON TOWNSHIP PA 15108	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONTE, JOSEPH D	
STREET ADDRESS	2040 WINTER SPRINGS BLVD.	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURCIO, EUGENE R	
STREET ADDRESS	200 CORP. CENTER DR., STE. 360	
CITY-ST-ZIP	MOON TOWNSHIP PA 15108	
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	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deering, Lawrence R.	
STREET ADDRESS	200 Corporate Center Dr., Ste, 360	
CITY-ST-ZIP	Moon Township, PA 15108	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conte, Joseph D	
STREET ADDRESS	2040-Winter-Springs-Blvd.	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curcio, Eugene R	
STREET ADDRESS	200 Corporate Center Dr., Ste 360	
CITY-ST-ZIP	Moon Township, PA 15108	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Corsetti, Rosemary L.	
STREET ADDRESS	200 Corporate Center Dr., Ste, 360	
CITY-ST-ZIP	Moon Township, PA 15108	
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 an other law empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence R. Deering

(412) 269-2400

Date

Daytime Phone #

CR2E034 (10/00)