2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000023418

1. Entity Name
TANDEM HEALTH CARE OF SAFETY HARBOR, INC.

Principal Place of Business	Mailing Address
1410 FOURTH STREET NORTH SAFETY HARBOR, FL 34695 US	2111 GLENWOOD DRIVE SUITE 202 WINTER PARK, FL 32792 US

DO NOT WRITE IN THIS SPACE

03222006 No Chg-P CRZE034 (11/05)

4. FEI Number
59-3629274
☐ 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 R.
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000507161
04/27/06-80053-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	DEERING, LAWRENCE R
STREET ADDRESS	800 CONCOURSE PKWY., S, STE. 200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DPCO
NAME	CONTE, JOSEPH D
STREET ADDRESS	800 CONCOURSE PKWY., S, STE. 200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DT
NAME	CURCIO, EUGENE R
STREET ADDRESS	800 CONCOURSE PKWY. S, STE. 200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	S
NAME	CORSETTI, ROSEMARY L
STREET ADDRESS	ONE OXFORD CENTRE, 20TH FLR.
CITY-ST-ZIP	PITTSBURGH, PA 15219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #