

4/12/

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-12-2001 90068 012 ***150.00

DOCUMENT # P00000023430

1. Entity Name

TANDEM HEALTH CARE OF SARASOTA, INC.

Principal Place of Business

Mailing Address

2040 WINTER SPRINGS BLVD.
OVIEDO FL 327652040 WINTER SPRINGS BLVD.
OVIEDO FL 32765

2. Principal Place of Business

4783 Fruitville Road

3. Mailing Address

200 Corporate Center Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Moon Twp., PA

4. FEI Number

65-0987388

Applied For

Not Applicable

Zip
34232Country
USZip
15108Country
US5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

Na
T
St
20
St
City
MC

7. Name and Address of New Registered Agent

Registered Agent is Unchanged

Zip 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 **D** ☐ Delete
 NAME **DEERING, LAWRENCE R**
 STREET ADDRESS **200 CORPORATE CENTER DR., STE. 306**
 CITY-ST-ZIP **MOON TOWNSHIP PA 15108**

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

TITLE **D** ☐ Delete
 NAME **CURCIO, EUGENE R**
 STREET ADDRESS **200 CORP. CENTER DR., STE. 306**
 CITY-ST-ZIP **MOON TOWNSHIP PA 15108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/C** ☒ Change ☐ Addition
 NAME **Deering, Lawrence R**
 STREET ADDRESS **200 Corporate Center Dr., Ste. 360**
 CITY-ST-ZIP **Moon Township, PA 15108**

TITLE **D/P** ☒ Change ☐ Addition
 NAME **Conte, Joseph D**
 STREET ADDRESS **2040 Winter Springs Blvd.**
 CITY-ST-ZIP **Oviedo, FL 32765**

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

TITLE **S** ☐ Change ☒ Addition
 NAME **Corsetti, Rosemary L**
 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 ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence R. Deering

(412) 269-2400

Date

Daytime Phone #

CFR034 (10/00)