



**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90283 026 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000023430</b>					
1. Entity Name <b>TANDEM HEALTH CARE OF SARASOTA, INC.</b>					
Principal Place of Business <b>4783 FRUITVILLE ROAD SARASOTA, FL 34232</b>			Mailing Address <b>211 GLENWOOD DRIVE SUITE 202 WINTER PARK, FL 32792</b>		
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 <b>65-0987388</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC DEERING, LAWRENCE R 200 CORPORATE CENTER DR., STE. 306 MOON TOWNSHIP, PA 15108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/C/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lawrence R. Deering 800 Concourse Parkway S., Suite 200 Maitland, FL 32751</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPC CONTE, JOSEPH D 700 CORPORATE CENTER DR STE 360 MOON TOWNSHIP, FL 15108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/P/COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Joseph D. Conte 800 Concourse Parkway S., Suite 200 Maitland, FL 32751</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT CURCIO, EUGENE R 200 CORP. CENTER DR., STE. 306 MOON TOWNSHIP, PA 15108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Eugene R. Curcio 800 Concourse Parkway S., Suite 200 Maitland, FL 32751</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S CORSETTI, ROSEMARY L 200 CORPORATE CENTER DR STE 360 CORAOPOLIS, PA 15108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Rosemary L. Corsetti One Oxford Centre, 20th Floor, 301 Grant St. Pittsburgh, PA 15219</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		4/19/04 (412) 281-4420	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Secretary		Date Daytime Phone #	