

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000023430

FILED
Apr 30, 2008
Secretary of State

Entity Name: TANDEM HEALTH CARE OF SARASOTA, INC.

Current Principal Place of Business:

1035 POWERS PLACE
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

1035 POWERS PLACE
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: 65-0987388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPCO () Delete
Name: CONTE, JOSEPH D
Address: 800 CONCOURE PKWY S, STE 200
City-St-Zip: MAITLAND, FL 32751

Title: DT (X) Delete
Name: CURCIO, EUGENE R
Address: 800 CONCOURE PKWY S, STE 200
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FIRTH, CHRISTINA K
Address: 1035 POWERS PLACE
City-St-Zip: ALPHARETTA, GA 30004

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA K FIRTH

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date