

4/10.

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

04-10-2001 90004 005 \*\*\*150.00

**DOCUMENT # P97000084058**

1. Entity Name

**TANDEM HEALTH CARE OF VERO BEACH, 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

1310 37th Street

Suite, Apt. #, etc.

3. Mailing Address

200 Corporate Center Dr

Suite, Apt. #, etc.

Suite 360



DO NOT WRITE IN THIS SPACE

City &amp; State

Vero Beach, FL

City &amp; State

Moon Twp., PA

4. FEI Number

65-0775951

Applied For

Not Applicable

Zip  
32960Country  
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 BOULEVARD**  
**OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name  
TandStreet Ad  
200

Suite

City  
Moon

Registered Agent is Unchanged

de  
108

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 CNT DR STE 360**  
 CITY-ST-ZIP **MOON TWP PA 15108**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **S** ☐ Change ☒ Addition  
 NAME **Corsetti, Rosemary L**  
 STREET ADDRESS **200 Corporate Center Dr., Ste. 360**  
 CITY-ST-ZIP **Moon Township, PA 15108**

TITLE **T** ☐ Change ☒ Addition  
 NAME **Curcio, Eugene R**  
 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:

Lawrence R. Deering

(412) 269-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)