

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P97000084058

1. Entity Name
TANDEM HEALTH CARE OF VERO BEACH, INC.



Principal Place of Business
**1310 37TH ST
VERO BEACH, FL 32960**

Mailing Address
**2111 GLENWOOD DR
SUITE 202
WINTER PARK, FL 32792**



03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0775951** 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 S PINE ISLAND RD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | DOCE |
| NAME | DEERING, LAWRENCE R |
| STREET ADDRESS | 800 CONCOURSE PARKWAY S STE 200 |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | DPCO |
| NAME | CONTE, JOSEPH D |
| STREET ADDRESS | 800 CONCOURSE PARKWAY S STE 200 |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | S |
| NAME | CORSETTI, ROSEMARY L |
| STREET ADDRESS | ONE OXFORD CENTRE 20TH FLOOR 301 GRANT ST |
| CITY-ST-ZIP | PITTSBURGH, PA 15219 |
| TITLE | DT |
| NAME | CURCIO, EUGENE R |
| STREET ADDRESS | 800 CONCOURSE PARKWAY S STE 200 |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

1000000508422
04/23/06-80002-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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 **Rosemary L. Corsetti** **March 24, 2006** **(412) 281-4420**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Secretary