2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000084058 DOCUMENT

1. Entity Name

TANDEM HEALTH CARE OF VERO BEACH, INC.



Apr 28, 2003 8:00 am 5 Secretary of State 04-28-2003 90097 000

Principal Place of Business Mailing Address 11044003 1310 37TH STREET 2040 WINTER SPRINGS BLVD. VERO BEACH FL 32960 OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0775951 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 2111 GLENWOOD DR STE 202 WINTER PARK FL 32792 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete ☐ Change ☐ Addition TITLE TITLE DEERING, LAWRENCE R NAME NAME 200 CORPORATE CNT DR STE 360 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOON TWP PA 15108 CITY-ST-7IP ☐ Delete D/P/C00 TITLE DP Change TITLE ☐ Addition CONTE, JOSEPH D NAME NAME Conte, Joseph D. STREET ADDRESS 2040 WINTER SPRINGS BLVD STREET ADDRESS 200 Corporate Center Drive, Suite 360 CITY-ST-ZIP CITY-ST-7IP OVIEDO FL 32765 Moon Township, PA 15108 TITLE Delete TITLE Change ☐ Addition NAME CORSETTI, ROSEMARY L NAME STREET ADDRESS STREET ADDRESS 200 CORPORATE CENTER DRIVE STE 360 CITY-ST-ZIP **CORAOPOLIS PA 15108** CITY-ST-ZIP TITLE DT ☐ Delete TITLE Change ☐ Addition CURCIO, EUGENE R NAME NAME STREET ADDRESS 200 CORPORATE CENTER DR STE 360 STREET ADDRESS CITY-ST-ZIP CORAOPOLIS PA 15108 CITY-ST-ZIP TITLE ☐ Delete □ Change TITLE ☐ Addition NAME NASSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

CANCILLA REORGENITY L. Corsetti SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR