

2001 UNIFORM BUSINESS REPORT (UBR)

4/11

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

04-10-2001 90004 019 ***150.00

DOCUMENT # P97000084061

1. Entity Name

TANDEM HEALTH CARE OF FORT MYERS, INC.

Principal Place of Business

Mailing Address

2040 WINTER SPRINGS BLVD
 OVIEDO FL 32765
 US

2040 WINTER SPRINGS BLVD
 OVIEDO FL 32765
 US

2. Principal Place of Business

3. Mailing Address

991 Pondella Road
 Suite, Apt. #, etc.

200 Corporate Center Dr
 Suite, Apt. #, etc.
Suite 360



DO NOT WRITE IN THIS SPACE

City & State

City & State

North Fort Myers, FL
 Zip Country

Moon Twp, PA
 Zip Country

4. FEI Number

65-0795953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TANDEM HEALTH CARE, INC.
2040 WINTER SPRINGS BOULEVARD
OVIEDO FL 32765

Name

Tand

Street Address

200

Suite

City

Moon

State

PA

Zip

15108

Country

US

Code

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **DEERING, LAWRENCE R.**
 CITY-ST-ZIP **PERSIMMON DR.**
SEWICKLEY PA 15143

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CONTE, JOSEPH D**
 CITY-ST-ZIP **550 VIA LUGANO**
WINTER PARK FL 32789

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS **i**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **D/C**
 STREET ADDRESS **Deering, Lawrence R**
 CITY-ST-ZIP **200 Corporate Center Dr., Ste. 360**
Moon Township, PA 15108

TITLE ☒ Change ☐ Addition
 NAME **D/P**
 STREET ADDRESS **Conte, Joseph D**
 CITY-ST-ZIP **2040 Winter Springs Blvd.**
Oviedo, FL 32765

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

TITLE ☐ Change ☒ Addition
 NAME **T**
 STREET ADDRESS **Curcio, Eugene R**
 CITY-ST-ZIP **200 Corporate Center Dr., Ste. 360**
Moon Township, PA 15108

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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 or without an empowered.

SIGNATURE:

[Signature]

Lawrence R. Deering

(412) 269-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)