

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90987 027 \*\*\*150.00

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**DOCUMENT # P97000084061**



1. Entity Name  
**TANDEM HEALTH CARE OF FORT MYERS, INC.**

Principal Place of Business  
991 PONDELLA ROAD  
FORT MYERS FL 33903  
US

Mailing Address  
2111 GLENWOOD DRIVE  
SUITE 202  
WINTER PARK FL 32792  
US

11022335



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0795953**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D/P/COO** ☒ Change ☐ Addition  
NAME **Conte, Joseph D.**  
STREET ADDRESS **200 Corporate Center Drive, Suite 360**  
CITY-ST-ZIP **Moon Township, PA 15108**

TITLE **S** ☐ Delete  
NAME **CORSETTI, ROSEMARY L**  
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 **DT** ☐ Delete  
NAME **CURCIO, EUGENE**  
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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosemary L. Corsetti* **Rosemary L. Corsetti**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

(412) 269-2400

Date

Daytime Phone #

CR2E034 (10/02)