

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

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

04-10-2001 90004 022 ***150.00

DOCUMENT # P97000084064

1. Entity Name

TANDEM HEALTH CARE OF LAKE LAND, 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

5245 North Socrum Loop Rd 200 Corporate Center Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 360

City & State

City & State

Lakeland, FL

Moon Twp, PA

4. FEI Number

59-3479292

Applied For

Not Applicable

Zip

Country

Zip

Country

33809

US

15108

US

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

Tan

Street

200

Suite

Sui

City

Moo

Zip

15108

Registered Agent is Unchanged

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	<input type="checkbox"/> Delete
NAME	DEERING, LAWRENCE R.	
STREET ADDRESS	PERSIMMON DR.	
CITY-ST-ZIP	SEWICKLEY PA 15143	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONTE, JOSEPH D	
STREET ADDRESS	550 VIA LUGANO	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deering, Lawrence R	
STREET ADDRESS	200 Corporate Center Dr., Ste. 360	
CITY-ST-ZIP	Moon Township, PA 15108	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conte, Joseph D	
STREET ADDRESS	2040 Winter Springs Blvd.	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Corsetti, Rosemary L	
STREET ADDRESS	200 Corporate Center Dr., Ste. 360	
CITY-ST-ZIP	Moon Township, PA 15108	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curcio, Eugene R	
STREET ADDRESS	200 Corporate Center Dr., Ste. 360	
CITY-ST-ZIP	Moon Township, PA 15108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence R. Deering

(412) 269-2400

Date

Daytime Phone #

CR2E034 (10/00)