

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90061 026 \*\*\*150.00

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**DOCUMENT # P97000084064**

1. Entity Name

**TANDEM HEALTH CARE OF LAKELAND, INC.**

Principal Place of Business

**5245 N SOCRUM LOOP RD  
 LAKELAND FL 33809  
 US**

Mailing Address

**2040 WINTER SPRINGS BLVD.  
 OVIEDO FL 32765  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**2111 Glenwood Drive**

Suite, Apt. #, etc.

**Suite 202**

City & State

**Winter Park, FL**

Zip

**32792**

Country

**Orange**

4. FEI Number

**59-3479292**

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 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

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, 2002 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	DC	<input type="checkbox"/> Delete
NAME	DEERING, LAWRENCE R.	
STREET ADDRESS	200 CORPORATE CENTER DR STE 360	
CITY-ST-ZIP	MOON TOWNSHIP PA 15108	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CONTE, JOSEPH D	
STREET ADDRESS	2040 WINTER SPRINGS BLVD	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORSETTI, ROSEMARY L	
STREET ADDRESS	200 CORPORATE CENTER DR STE 360	
CITY-ST-ZIP	MOON TOWNSHIP PA 15108	
TITLE	T	<input type="checkbox"/> Delete
NAME	CURCIO, EUGENE R	
STREET ADDRESS	200 CORPORATE CENTER DR 360	
CITY-ST-ZIP	MOON TOWNSHIP PA 15108	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curcio, Eugene R.	
STREET ADDRESS	200 Corporate Center Drive, Suite 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:

*Joseph D Conte*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

Date

(407)647-3094

Daytime Phone #

CR2E034 (9/01)