
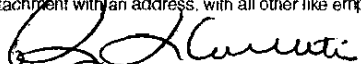


FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90283 044 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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 2111 GLENWOOD DR STE 202 WINTER PARK, FL 32792 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04142004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3479292		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DC NAME: DEERING, LAWRENCE R. STREET ADDRESS: 200 CORPORATE CENTER DR STE 360 CITY-ST-ZIP: MOON TOWNSHIP, PA 15108 <input type="checkbox"/> Delete		TITLE: D/C/CEO NAME: Lawrence R. Deering STREET ADDRESS: 800 Concourse Parkway S., Suite 200 CITY-ST-ZIP: Maitland, FL 32751 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: DPCO NAME: CONTE, JOSEPH D STREET ADDRESS: 200 CORPORATE CENTER DRIVE SUITE 360 CITY-ST-ZIP: MOON TOWNSHIP, PA 15108 <input type="checkbox"/> Delete		TITLE: D/P/COO NAME: Joseph D. Conte STREET ADDRESS: 800 Concourse Parkway S., Suite 200 CITY-ST-ZIP: Maitland, FL 32751 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S NAME: CORSETTI, ROSEMARY L STREET ADDRESS: 200 CORPORATE CENTER DR STE 360 CITY-ST-ZIP: MOON TOWNSHIP, PA 15108 <input type="checkbox"/> Delete		TITLE: S NAME: Rosemary L. Corsetti STREET ADDRESS: One Oxford Centre, 20th Floor, 301 Grant St. CITY-ST-ZIP: Pittsburgh, PA 15219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: DT NAME: CURCIO, EUGENE R STREET ADDRESS: 200 CORPORATE CENTER DR 360 CITY-ST-ZIP: MOON TOWNSHIP, PA 15108 <input type="checkbox"/> Delete		TITLE: D/T NAME: Eugene R. Curcio STREET ADDRESS: 800 Concourse Parkway S., Suite 200 CITY-ST-ZIP: Maitland, FL 32751 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Rosemary L. Corsetti 4/19/04 (412) 281-4420 Secretary Date Daytime Phone #	