

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000084068 (0)**
1. Corporation Name
TANDEM HEALTH CARE OF NEW PORT RICHEY, INC.

Principal Place of Business 401 E. JACKSON ST., STE. 2500 TAMPA FL 33602	Mailing Address 401 E. JACKSON ST., STE. 2500 TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/29/1997	4. FEI Number 65-079 5949 Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐		6. Election Campaign Financing Trust Fund Contribution ☐		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
7. Additional Fee Required \$8.75		9. Additional Fee Required \$5.00		May Be Added to Fees	

9. Name and Address of Current Registered Agent

**FLEMING, LINDA L
401 E. JACKSON ST., STE. 2500
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	DEARING, LAWRENCE R	1.2 NAME	
STREET ADDRESS	PERSIMMON DR.	1.3 STREET ADDRESS	DEARING, LAWRENCE R.
CITY-ST-ZIP	SEWICKLEY PA 15143	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CONTE, JOSEPH D	2.2 NAME	
STREET ADDRESS	550 VIA LUGANO	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lawrence R. Dearing

4-1-98 847-49 6957

CR2E034 (10/97)