

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90011 038 ***158.75

DOCUMENT # P97000084068

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

65-0795949

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2040 Winter Springs Blvd

Suite, Apt. #, etc.

22

City & State

23 Oviedo, Florida

Zip

24 32765

Country

25 U.S.A.

2a. Mailing Address

26 2040 Winter Springs Blvd

Suite, Apt. #, etc.

27

City & State

28 Oviedo, Florida

Zip

29 32765

Country

30 U.S.A.

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 Tandem Health Care, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
2040 Winter Springs Boulevard
83
84 City Oviedo FL 85 Zip Code 32765

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 of 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

Joseph D. Conte, Secretary 1-21-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PEERING, LAWRENCE R.
STREET ADDRESS PERSIMMON DR.
CITY-ST-ZIP SEWICKLEY PA 15143

TITLE D ☐ DELETE
NAME CONTE, JOSEPH D
STREET ADDRESS 550 VIA LUGANO
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Joseph D. Conte, Director (407) 977-5073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)