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2001 UNIFORM BUSINESS REPORT (UBR)

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

04-10-2001 90004 008 ***150.00

DOCUMENT # P97000084068

1. Entity Name
TANDEM HEALTH CARE OF NEW PORT RICHEY, 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
8417 Old County Road 54	200 Corporate Center Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 360
City & State New Port Richey, FL	City & State Moon Twp., PA
Zip 34653 / Country US	Zip 15108 / Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0795949 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TANDEM HEALTH CARE, INC.
2040 WINTER SPRINGS BOULEVARD
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Registered Agent is Unchanged

Zip Code 15108

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEERING, LAWRENCE R. PERSIMMON DR. SEWICKLEY PA 15143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C Deering, Lawrence R 200 Corporate Center Dr., Ste. 360 Moon Township, PA 15108 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTE, JOSEPH D 550 VIA LUGANO WINTER PARK FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Conte, Joseph D ~~2040 Winter Springs Blvd.~~ Oviedo, FL 32765 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Corsetti, Rosemary L 200 Corporate Center Dr., Ste. 360 Moon Township, PA 15108 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Curcio, Eugene R 200 Corporate Center Dr., Ste. 360 Moon Township, PA 15108 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ Lawrence R. Deering (412) 269-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)