

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90009 043 ***150.00

DOCUMENT # P97000084068

1. Entity Name

TANDEM HEALTH CARE OF NEW PORT RICHEY, INC.

Principal Place of Business

**8417 OLD COUNTY ROAD 54
 NEW PORT RICHEY FL 34653
 US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

2111 Glenwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

City & State

City & State

Winter Park, FL

Zip

Country

Zip

Country

32792

Orange

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

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete
 NAME **PEERING, LAWRENCE R.**
 STREET ADDRESS **PERSIMMON DR.**
 CITY-ST-ZIP **SEWICKLEY PA 15143**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **CORSETTI, ROSEMARY L**
 STREET ADDRESS **200 CORPORATE CENTER DRIVE SUITE 360**
 CITY-ST-ZIP **MOON TOWNSHIP PA 15108**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **CURCIO, EUGENE R**
 STREET ADDRESS **200 CORPORATE CENTER DRIVE SUITE 360**
 CITY-ST-ZIP **MOON TOWNSHIP PA 15108**

TITLE **D/T** ☒ Change ☐ Addition
 NAME **Curcio, Eugene R.**
 STREET ADDRESS **200 Corporate Center Drive, Suite 360**
 CITY-ST-ZIP **Moon Township, PA 15108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

Date

(407) 647-3094

Daytime Phone #

CR2E034 (9/01)