



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P97000084068</b>		
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 2111 GLENWOOD DRIVE SUITE 202 WINTER PARK, FL 32792 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCCE PEERING, LAWRENCE R. 800 CONCOURSE PARKWAY S., SUITE 200 MAITLAND, FL 32751	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO CONTE, JOSEPH D 800 CONCOURSE PARKWAY S., SUITE 200 MAITLAND, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORSETTI, ROSEMARY L ONE OXFORD CENTRE, 20TH FL, 301 GRANT ST. PITTSBURGH, PA 15219	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CURCIO, EUGENE R 800 CONCOURSE PARKWAY S., SUITE 200 MAITLAND, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Rosemary L. Corsetti March 24, 2006 (412) 281-4420 Secretary <small>Date Daytime Phone #</small>



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0795949	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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04/28/06-80002-020 150.00