

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000084068

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** TANDEM HEALTH CARE OF NEW PORT RICHEY, INC.

**Current Principal Place of Business:**

1035 POWERS PLACE  
ALPHARETTA, GA 30004 US

**New Principal Place of Business:**

**Current Mailing Address:**

1035 POWERS PLACE  
ALPHARETTA, GA 30004 US

**New Mailing Address:**

**FEI Number:** 65-0795949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPCO ( ) Delete  
**Name:** CONTE, JOSEPH D  
**Address:** 800 CONCOURSE PARKWAY S., SUITE 200  
**City-St-Zip:** MAITLAND, FL 32751

**Title:** DT (X) Delete  
**Name:** CURCIO, EUGENE R  
**Address:** 800 CONCOURSE PARKWAY S., SUITE 200  
**City-St-Zip:** MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DP (X) Change ( ) Addition  
**Name:** FIRTH, CHRISTINA K  
**Address:** 1035 POWERS PLACE  
**City-St-Zip:** ALPHARETTA, GA 30004

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CHRISTINA K FIRTH

DP

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date