

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90987 029 \*\*\*150.00

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**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  
2111 GLENWOOD DRIVE  
SUITE 202  
WINTER PARK FL 32792  
US

11022351



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0795949

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D/C/CEO  
NAME Deering, Lawrence R.  
STREET ADDRESS 200 Corporate Center Drive, Suite 360  
CITY-ST-ZIP Moon Township, PA 15108 ☒ Change ☐ Addition

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

TITLE D/P/C00  
NAME Conte, Joseph D.  
STREET ADDRESS 200 Corporate Center Drive, Suite 360  
CITY-ST-ZIP Moon Township, PA 15108 ☒ Change ☐ Addition

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

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

TITLE DT  
NAME CURCIO, EUGENE R  
STREET ADDRESS 200 CORPORATE CENTER DR SUITE 360  
CITY-ST-ZIP MOON TOWNSHIP PA 15108 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rosemary L. Corsetti* Rosemary L. Corsetti

4/7/03

(412) 269-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)