

P 98000087142

Requestor's Name	
Address	
City/State/Zip	Phone #
Office Use Only	

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

**Buchanan Ingersoll**  
PROFESSIONAL CORPORATION

Attorneys

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- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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*RJA*  
*12-4-98*  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Tandem Health Care of Miami, Inc.

1b. Date of incorporation October 12, 1998 Document number P98000087142

2. The name and address of the current registered agent and office:

Buchanan Ingersoll Professional Corporation, 401 E. Jackson Street,  
Suite 2500, Tampa, FL 33602

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

Tandem Health Care, Inc., 2040 Winter Springs  
Boulevard, Oviedo, FL 32765

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

*Joseph D. Conte*  
SIGNATURE  
October 19, 1998  
DATE

Joseph D. Conte, Secretary  
Typed or printed name and title

98 NOV 24 PM 1:21  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

TANDEM HEALTH CARE, INC.  
SIGNATURE BY: *Joseph D. Conte*  
(Registered Agent)  
DATE October 19, 1998

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314