

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90004 007 \*\*\*150.00

**DOCUMENT # P98000087142**

1. Entity Name

**TANDEM HEALTH CARE OF MIAMI, INC.**

Principal Place of Business

Mailing Address

2040 WINTER SPGS BLVD.  
OVIEDO FL 327652040 WINTER SPGS BLVD.  
OVIEDO FL 32765

2. Principal Place of Business

800 NW 95th Street

3. Mailing Address

200 Corporate Center Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 360

City &amp; State

Miami, FL

City &amp; State

Moon Twp., PA

Zip

33150

Country

US

Zip

15108

Country

US

4. FEI Number

59-3536517

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

**TANDEM HEALTH CARE, INC.**  
**2040 WINTER SPGS BLVD.**  
**OVIEDO FL 32765**

Name

Tanc

Street A

200

Suite

City

Moon

Registered Agent is Unchanged

Code

1108

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, 2001 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 **D** ☐ Delete  
 NAME **DEERING, LAWRENCE R MR**  
 STREET ADDRESS **200 CORPORATE CENTER DRIVE #360**  
 CITY-ST-ZIP **MOON TOWNSHIP PA 15108**

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

TITLE **D** ☐ Delete  
 NAME **CONTE, JOSEPH D MR.**  
 STREET ADDRESS **2040 WINTER SPRINGS BLVD**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **D/P** ☒ Change ☐ Addition  
 NAME **Conte, Joseph D**  
 STREET ADDRESS **2040 Winter Springs Blvd.**  
 CITY-ST-ZIP **Oviedo, FL 32765**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition  
 NAME **Corsetti, Rosemary L**  
 STREET ADDRESS **200 Corporate Center Dr., Ste. 360**  
 CITY-ST-ZIP **Moon Township, PA 15108**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition  
 NAME **Curcio, Eugene R**  
 STREET ADDRESS **200 Corporate Center Dr., Ste. 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

Lawrence R. Deering

Date

412-269-2400

Daytime Phone #

CR2E034 (10/00)