

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

04-04-2002 90009 046 \*\*\*150.00

**DOCUMENT # P98000087142**

1. Entity Name

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

Principal Place of Business

**800 NW 95TH STREET  
MIAMI FL 33150**

Mailing Address

**2040 WINTER SPRINGS BLVD.  
OVIEDO FL 32765**

2. Principal Place of Business

3. Mailing Address

**2111 Glenwood Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 202**

City & State

City & State

**Winter Park, FL**

Zip

Country

**Zip  
32792**

**Country  
Orange**

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

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

7. Name and Address of New Registered Agent

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.

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC DEERING, LAWRENCE R MR 200 CORPORATE CENTER DRIVE #360 MOON TOWNSHIP PA 15108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CONTE, JOSEPH D MR. 2040 WINTER SPRINGS BLVD OVIEDO FL 32765</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CORSETTI, ROSEMARY L 200 CORPORATE CENTER DRIVE SUITE 360 MOON TOWNSHIP PA 15108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CURCIO, EUGENE R 200 CORPORATE CENTER DRIVE SUITE 360 MOON TOWNSHIP PA 15108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/T Curcio, Eugene R. 200 Corporate Center Drive, Suite 360 Moon Township, PA 15108</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

**2/13/02 (407) 647-3094**

CR2E034 (9/01)