09151999-90011-011-$558.75-$558.75

1999.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 27 PM 3:50

DOCUMENT # P98000098341

1. Corporation Name

TANDEM HEALTH CARE OF LONGWOOD, INC.

Principal Place of Business	Mailing Address
2040 WINTER SPRINGS BLVD. OVIEDO FL 32765	2040 WINTER SPRINGS BLVD. OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1998

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: 59-3544307 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

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

City & State (23)

City & State (28)

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

Zip (24) Country (25)

Zip (29) Country (30)

8. This corporation owes the current year Intangible Personal Property ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DEERING, LAWRENCE R		1.2 NAME	
STREET ADDRESS	200 CORPORATE CENTER DR., STE. 360		1.3 STREET ADDRESS	
CITY-ST-ZIP	MOON TOWNSHIP PA 15108		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CONTE, JOSEPH D		2.2 NAME	
STREET ADDRESS	2040 WINTER SPRINGS BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Joseph D. Conte 8-4-99 412-269-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #