

May 05, 2001 8:00 am
Secretary of State

04-10-2001 90004 016 ***150.00

- 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098341

1. Entity Name

TANDEM HEALTH CARE OF LONGWOOD, INC.

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

200 Corporate Center Dr

200 Corporate Center Dr

Suite, Apt. #, etc.
Suite 360Suite, Apt. #, etc.
Suite 360

City & State

Moon Twp., PA

City & State

Moon Twp., PA

4. FEI Number

59-3544307

Applied For

Not Applicable

Zip

15108

Country

US

Zip

15108

Country

US

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Narr
Ta
Stre
20
Su
City
MO

Registered Agent is Unchanged

Zip Code
15108

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	DEERING, LAWRENCE R	200 CORPORATE CENTER DR., STE. 360	MOON TOWNSHIP PA 15108	☐

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
T	Curcio, Eugene R	200 Corporate Center Dr., Ste. 360	Moon Township, PA 15108	☐	☒

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

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

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

Lawrence R. Deering

Date

Daytime Phone #

(412) 269-2400

CR2E034 (10/00)