

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90061 022 \*\*\*550.00

**DOCUMENT # P99000066628**

1. Entity Name  
**TANDEM HEALTH CARE CORPORATION OF INDIAN RIVER,**

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

00085173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

4. FEI Number **59-3590536**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      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 SPRINGS BLVD.**  
**OVIEDO FL 32765**

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D</b> <b>DEERING, LAWRENCE R</b> <b>20 CORPORATE CENTER DR., STE. 360</b> <b>MOON TOWNSHIP PA 15108</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<i>200 Corporate Center Dr. Suite 360</i>
<input type="checkbox"/> Delete	<b>D</b> <b>CONTE, JOSEPH D</b> <b>550 VIA LUGANO</b> <b>WINTER PARK FL 32789</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<i>Conte, Joseph D.</i> <i>2040 Winter Springs Blvd</i> <i>Oviedo FL 32765</i>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: *Joseph D. Conte*      **JOSEPH D. CONTE**      *8/29/00*      *412 269 2400*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/00)