

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066628

1. Entity Name

TANDEM HEALTH CARE CORPORATION OF INDIAN RIVER,

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

200 Corporate Center Dr

Suite, Apt. #, etc.
Suite 360

City & State

Moon Twp., PA

Zip
15108

Country
US

3. Mailing Address

200 Corporate Center Dr

Suite, Apt. #, etc.
Suite 360

City & State

Moon Twp., PA

Zip
15108

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3590536

Applied For

Not Applicable

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

Name
Tan
Street/
200
Sui
City
Moo

Registered Agent is Unchanged

Code
5108

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DEERING, LAWRENCE R	
STREET ADDRESS	200 CORPORATE CENTER DR., STE. 360	
CITY-ST-ZIP	MOON TOWNSHIP PA 15108	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONTE, JOSEPH D	
STREET ADDRESS	2040 WINTER SPRINGS BLVD	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deering, Lawrence R.	
STREET ADDRESS	200 Corporate Center Dr., Ste. 360	
CITY-ST-ZIP	Moon Township, PA 15108	
TITLE	D/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conte, Joseph D	
STREET ADDRESS	2040 Winter Springs Blvd	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curcio, Eugene R	
STREET ADDRESS	200 Corporate Center Dr., Ste. 360	
CITY-ST-ZIP	Moon Township, PA 15108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 lists empowered.

SIGNATURE:

Lawrence R. Deering

(412) 269-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)