

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 NAME STREET ADDRESS CITY-ST-ZIP	D DEERING, LAWRENCE R 200 CORPORATE CENTER DR., STE. 360 MOON TOWNSHIP PA 15108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTE, JOSEPH D 2040 WINTER SPRINGS BLVD OVIEDO FL 32765	<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
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	D/C Deering, Lawrence R. 200 Corporate Center Dr., Ste. 360 Moon Township, PA 15108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S Conte, Joseph D 2040 Winter Springs Blvd Oviedo, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Curcio, Eugene R 200 Corporate Center Dr., Ste. 360 Moon Township, PA 15108	<input type="checkbox"/> Change <input checked="" 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		<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)(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

Lawrence R. Deering

(412) 269-2400

Date

Daytime Phone #

CR2E034 (10/00)