2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

OVIEDO FL 32765

3. Mailing Address

Suite, Apt. #. etc.

Suite 360

City & State

15108

Moon Two

NS.

2040 WINTER SPRINGS BLVD

200 Corporate Center Dr

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

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12.

TITLE

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STREET ADDRESS

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CITY-ST-ZIP

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US

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City Moo

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DOCUMENT # P99000094672

TANDEM HEALTH CARE OF FLORIDA, INC.

200 Corporate Center Dr

TANDEM HEALTH CARE, INC.

OVIEDO FL 32765

2040 WINTER SPRINGS BLVD.

9. This corporation is eligible to satisfy its Intangible

DEERLING, LAWRENCE R

CONTE, JOSEPH D

OVIEDO FL 32765

MOON TWONSHIP PA 15108

2040 WINTER SPRINGS BLVD:

200 CORPORATE CNT. DR., STE. 360

Tax filing requirement and elects to do so.

(See criteria on back)

Country

US

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title it applicable.

OFFICERS AND DIRECTORS

1. Entity Name

OVIEDO FL 32765

us

Principal Place of Business

2040 WINTER SPRINGS BLVD.

2. Principal Place of Business

Suite, Apt. #, etc.

Moon Twp.,

Suite 360

City & State

15108

SIGNATURE.

11.

TITLE

NAME

TITLE NAME

TITLE

- NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

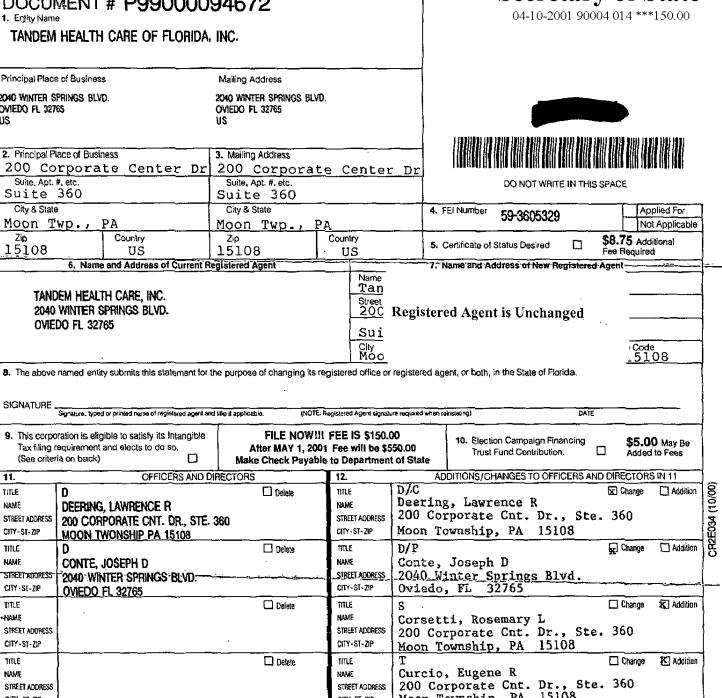
CITY-SY-718

CITY - ST-ZIP

CITY-ST-ZIP

4/10

May 05, 2001 8:00 am Secretary of State



200 Corporate Cnt. Dr., Ste. 360 Moon Township, PA 15108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 poport 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 true empowered to execute this eport 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. (412) 269-2400 Lawrence E. Beering SIGNATURE: NO TYPED OF PRINTED NAME OF