

4/10.

FILED
May 05, 2001 8:00 am
Secretary of State

04-10-2001 90004 014 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094672

1. Entity Name

TANDEM HEALTH CARE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

2040 WINTER SPRINGS BLVD.
 OVIEDO FL 32765
 US

2040 WINTER SPRINGS BLVD.
 OVIEDO FL 32765
 US

2. Principal Place of Business

3. Mailing Address

200 Corporate Center Dr 200 Corporate Center Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 360

Suite 360

City & State

City & State

Moon Twp., PA

Moon Twp., PA

Zip

Country

Zip

Country

15108

US

15108

US

4. FEI Number

59-3605329

Applied For

Not Applicable

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
 NAME **Corsetti, Rosemary L**
 STREET ADDRESS **200 Corporate Cnt. Dr., Ste. 360**
 CITY-ST-ZIP **Moon Township, PA 15108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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

(412) 269-2400

Daytime Phone #

CR2E034 (10/00)