

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90986 003 ***150.00

DOCUMENT # P99000094672

1. Entity Name
TANDEM HEALTH CARE OF FLORIDA, INC.



Principal Place of Business
200 CORPORATE CENTER DRIVE
SUITE 360
MOON TWP PA 15108
US

Mailing Address
2111 GLENWOOD DRIVE
SUITE 202
WINTER PARK FL 32792

11622340



2. Principal Place of Business
2111 Glenwood Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

City & State

City & State

Winter Park, FL

Zip
32792

Country
Orange

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE **D/P/COO** ☒ Change ☐ Addition
NAME **Conte, Joseph D.**
STREET ADDRESS **200 Corporate Center Drive, Suite 360**
CITY-ST-ZIP **Moon Township, PA 15108**

TITLE **S** ☐ Delete
NAME **CORSETTI, ROSEMARY L**
STREET ADDRESS **200 CORPORATE CENTER DRIVE, STE. 360**
CITY-ST-ZIP **MOON TOWNSHIP PA 15108**

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

TITLE **DT** ☐ Delete
NAME **CURCIO, EUGENE R**
STREET ADDRESS **200 CORPORATE CENTER DRIVE, SUITE 360**
CITY-ST-ZIP **MOON TOWNSHIP PA 15108**

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosemary L. Corsetti* **Rosemary L. Corsetti** 4/7/03 (412) 269-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)