

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED

97 AUG 20 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 576839 (5)
1. Corporation Name

Skilled Health Facilities, Inc.

Principal Place of Business Mailing Address
Y & S Management
3990 Sheridan St. #212
Hollywood, FL 33021

3. Date Incorporated or Qualified 6/23/1978 3a. Date of Last Report 2/27/1996

| | |
|--------------------------------|----------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 3389 Sheridan St. |
| 22 City & State | 27 #326 |
| 23 Zip | 28 Hollywood, FL |
| 24 Country | 29 33021 |
| | 30 Broward |

| | |
|---|--------------------------------|
| 4. FEI Number | Applied For |
| 22-2219697 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

Stuart Yachnowitz
3990 Sheridan St 212
Hollywood, FL 33021

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/10/97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|------------------------|
| TITLE | NAME | 1.1 TITLE | NAME |
| NAME | 4401 Sheridan St. #105 | 1.2 NAME | Stuart Yachnowitz |
| STREET ADDRESS | Hollywood, FL 33021 | 1.3 STREET ADDRESS | 3389 Sheridan St. #326 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Hollywood, FL 33021 |
| TITLE | NAME | 2.1 TITLE | NAME |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | NAME | 3.1 TITLE | NAME |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | NAME | 4.1 TITLE | NAME |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | NAME | 5.1 TITLE | NAME |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | NAME | 6.1 TITLE | NAME |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 ****165.00 ****165.00

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/97

954-987-6604

Date

Daytime Phone #

CR2E034 (9/96)

2082

July 18, 1997

**Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302**

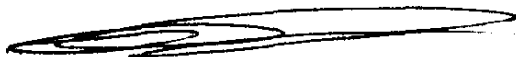
Re: Second Notice Received

To Whom It May Concern:

Please be advised we received a second notice form for Skilled Health Facilities, Inc. Document #576839. A check was sent in the amount of \$165.00 on January 4, 1997 and I understand Annual Reports at that time were damaged. I spoke with Sean at the Reinstatement department and was told to issue a new check in the amount of \$165.00 which is enclosed.

Thank you .

Sincerely,



**Stuart Yachnowitz
President**