

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90084 020 ***150.00

0139994

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 576839

1. Corporation Name
SKILLED HEALTH FACILITIES, INC.



Principal Place of Business
Y&S MANAGEMENT
3990 SHERIDAN ST.#212
HOLLYWOOD FL 33021
US

Mailing Address
3389 SHERIDAN STREET
#326
HOLLYWOOD FL 33021
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4030-C SHERIDAN STREET

Suite, Apt. #, etc.

22

City & State
HOLLYWOOD, FL

Zip

24 33021

Country

25 BROWARD

2a. Mailing Address

26 1395 BEECH BLVD.

Suite, Apt. #, etc.

27

City & State
ATLANTIC BEECH, NY

Zip

29 11509

Country

30 MASSAU

3. Date Incorporated or Qualified

06/23/1978

4. FEI Number

22-2219697

Applied For

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

YACHNOWITZ, STUART
3990 SHERIDAN STREET
#212
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name MARK LONDON

82 Street Address (P.O. Box Number is Not Acceptable)
4030-C SHERIDAN STREET

83

84 City

HOLLYWOOD

FL

85 Zip Code
33021

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

1/6/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME YACHNOWITZ, STUART
STREET ADDRESS 3389 SHERIDAN STREET, #326
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 1395 BEECH BLVD.
1.3 STREET ADDRESS ATLANTIC BEACH, NY
1.4 CITY-ST-ZIP 11509

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/99

954-987-6604

CR2E034 (11/98)