

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 576839

FILED
Nov 01, 2004
Secretary of State

Entity Name: SKILLED HEALTH FACILITIES, INC.

Current Principal Place of Business:

2800 S. FORT AVE.
SPRINGFIELD, MO 65807 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3438GS
SPRINGFIELD, MO 65807

New Mailing Address:

FEI Number: 22-2219697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

FOGAL, CHRISTOPHER E
603 N INDIAN RIVER DRIVE
STE 300
FORT PIERCE, FL 34950 US

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: CHRISTOPHER E FOGAL

11/01/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPS () Delete
Name: YACHNOWITZ, STUART,
Address: 1395 BEECH BLVD.
City-St-Zip: ATLANTIC BEACH, FL 11059

Title: TD () Delete
Name: YACHNOWITZ, STUART,
Address: 1395 BEECH BLVD.
City-St-Zip: ATLANTIC BEACH, FL 11059

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER E FOGAL

RA

11/01/2004

Electronic Signature of Signing Officer or Director

Date