

576839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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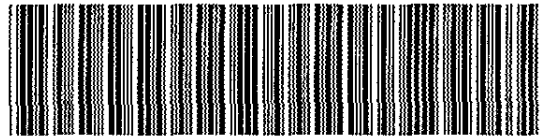
(Business Entity Name)

(Document Number)

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G. Coulllette MAR 24 2003



CORPORATION SERVICE COMPANY™

- ACCOUNT NO. : 072100000032

REFERENCE : 932504 7363997

AUTHORIZATION :

*Patricia Pujate*

COST LIMIT : \$ 35.00

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ORDER DATE : February 14, 2003

ORDER TIME : 8:01 AM

ORDER NO. : 932504-025

CUSTOMER NO: 7363997

CUSTOMER: Ms. Marlene Bramer  
Friedbauer & Friedbauer, Llc  
Suite 2525  
701 Brickell Avenue  
Miami, FL 33131  
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- CHANGE OF AGENT

NAME: SKILLED HEALTH FACILITIES,  
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER: \_\_\_\_\_

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SKILLED HEALTH FACILITIES, INC.

2. The principal office address: 2800 S. Port Avenue, Springfield, MO 65807

3. The mailing address (if different) P.O. Box 343805, Springfield, MO 65837

4. Date of incorporation/qualification: June 23, 1978 Document number: 576839

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Roger Friedbauer

200 S. Biscayne Blvd., Suite 2000

Miamiwood, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Ways Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer, chairman or vice chairman of the board)

Stuart Yachnowitz, President  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Cynthia L. Harris  
(Signature of Registered Agent)

3/21/03  
(Date)

If signing on behalf of an entity:

**Cynthia L. Harris  
as its agent**

(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

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