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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:43

DOCUMENT # 676944 (2)

1. Corporation Name
SKILLED HEALTH FACILITIES OF PENNSYLVANIA, INC.

Principal Place of Business	Mailing Address
3990 SHERIDAN STREET SUITE 212 HOLLYWOOD FL 33021	3990 SHERIDAN STREET SUITE 212 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/29/1980
3a. Date of Last Report: 06/27/1994

2. Principal Place of Business	2a. Mailing Address
21 4401 Sheridan St.	26 4401 Sheridan St.
Suite, Apt. #, etc. 22 #105	Suite, Apt. #, etc. 27 #105
City & State 23 Hollywood, FL	City & State 28 Hollywood, FL
Zip / Country 24 33021 / 25 USA	Zip / Country 29 33021 / 30 USA

4. FEI Number: 25-1387121 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

YACHNOWITZ, STUART
3990 SHERIDAN STREET
SUITE 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 St.
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: Mark S. London 1-19-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☐ Addition
NAME	YACHNOWITZ, STUART	1.2 NAME	Yachnowitz, Stuart	
STREET ADDRESS	3990 SHERIDAN ST	1.3 STREET ADDRESS	4401 Sheridan St. #105	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	P	2.1 TITLE	P	☒ Change ☐ Addition
NAME	YACHNOWITZ, STUART	2.2 NAME	Yachnowitz, Stuart	
STREET ADDRESS	3990 SHERIDAN ST	2.3 STREET ADDRESS	4401 Sheridan St. #105	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Stuart Yachnowitz 1-A-95 (305) 987-6604
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0003760 CP