


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

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

02-22-1999 90084 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 676944

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

Principal Place of Business Y & S MANAGEMENT 3990 SHERIDAN STREET, #212 HOLLYWOOD FL 33021 US	Mailing Address 3389 SHERIDAN STREET #326 HOLLYWOOD FL 33021
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/29/1980	Applied For Not Applicable
4. FEI Number 25-1387121	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4030-C SHERIDAN ST. Suite, Apt. #, etc. 22 City & State 23 HOLLYWOOD, FL Zip 24 33021 Country 25 BROWARD	2a. Mailing Address 26 1395 BEECH BLVD. Suite, Apt. #, etc. 27 City & State 28 ATLANTIC BEACH, NY Zip 29 11509 Country 30 NASSAU
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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	85 Zip Code 33021
82 Street Address (P.O. Box Number is Not Acceptable) 4030-C SHERIDAN STREET	
83	
84 City HOLLYWOOD	FL

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  (NOTE: Registered Agent signature required when reinstating) DATE 1/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YACHNOWITZ, STUART	1.2 NAME	
STREET ADDRESS	3389 SHERIDAN ST., #212	1.3 STREET ADDRESS	1395 BEECH BLVD.
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	ATLANTIC BEACH, NY 11509
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  1/6/99 954-982-6604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)