# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2007**
**Secretary of State**

DOCUMENT# F16791

**Entity Name:** SKILLED HEALTH FACILITIES OF MISSOURI, 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 US

**New Mailing Address:**

**FEI Number: 59-2142980** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOGAL, CHRISTOPHER
1115 DELAWARE AVE.
FORT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

FOGAL, CHRISTOPHER
2112 SOUTH U.S. HIGHWAY 1
SUITE 201
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: 04/27/2007
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: YACHNOWITZ, STUART,
Address: 1395 BEECH BOULEVARD
City-St-Zip: ATLANTIC BEACH, NY 11509

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STUART YACHNOWITZ PRES 04/27/2007
Electronic Signature of Signing Officer or Director — Date