

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16791

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**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:**

1395 BEECH STREET  
ATLANTIC BEACH, NY 11509 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  
2112 SOUTH U.S. HIGHWAY 1  
SUITE 201  
FORT PIERCE, FL 34950 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: STUART YACHNOWITZ

PRES

02/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date