

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033630

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: SKILLED SERVICES OF ORLANDO, LLC

**Current Principal Place of Business:**

11300 4TH STREET, NORTH, SUITE 200  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

11300 4TH STREET, NORTH, SUITE 200  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

FEI Number: 61-1439825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SCHIFINO, WILLIAM J JR.  
201 N. FRANKLIN STREET STE 2600  
TAMPA, FL 33602 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

**MANAGING MEMBERS/MEMBERS:**

Title: CEO ( ) Delete  
Name: JOHNSON, DUNAN  
Address: 11300 4TH ST N STE 200  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: COO (X) Delete  
Name: CURTISS, MARK  
Address: 11300 4TH STREET, NORTH, SUITE 200  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: CFO (X) Delete  
Name: SMITH, PAMELA  
Address: 11300 4TH STREET, NORTH, SUITE 200  
City-St-Zip: ST. PETERSBURG, FL 33716

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SKILLED SERVICES COR, PORATION  
Address: 11300 4TH ST N STE 200  
City-St-Zip: SAINT PETERSBURG, FL 33716

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TAMARA BELL

ACCT

04/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date