FILED
Jun 13, 2003 8:00 am
Secretary of State
03-19-2003 90047 001 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033630

1. Entity Name

SKILLED SERVICES OF ORLANDO, LLC

44004463

[redacted]

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11300 4TH ST. N., STE. 200	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State
Zip: 33716 Country: USA	Zip Country

4. FEI Number: 61-1439825 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WILLIAM J. SCHIFINO, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 201 N. FRANKLIN ST., STE. 2600

City: TAMPA FL Zip Code: 33602

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

managing partner

FEE IS $50.00
(Make Check Payable to Florida Department of State)
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	SKILLED SERVICES CORPORATION
NAME	
STREET ADDRESS	11300 4TH ST. N, STE. 200
CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E063B (12/02)

11. 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 report is true and accurate and that my 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: MARK P. CURTISS, PRESIDENT OF SKILLED SERVICES CORPORATION 3/6/03 (727)579-5994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment

440044463
L02000033630

9. MANAGING MEMBERS/MANAGERS

Darian W. Johnson
CEO
11300 4th St. N., Ste. 200
St. Petersburg, FL 33716

Mark P. Curtiss
President
11300 4th St. N., Ste. 200
St. Petersburg, FL 33716

Pamela A. Smith
CFO
11300 4th St. N., Ste. 200
St. Petersburg, FL 33716

M.S. Sembler
Director
11300 4th St. N., Ste. 200
St. Petersburg, FL 33716