

# *AMENDED* **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

503083900468  
09-04-2003 90036 024 \*\*\*\*\*55.00  
L02000033630

**DOCUMENT # L02000033630**

1. Entity Name

**SKILLED SERVICES OF ORLANDO, LLC**



**FILED**

SEP -9 PM 2:27

Principal Place of Business

Mailing Address

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

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

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1439825

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIFINO, WILLIAM J JR.  
201 N. FRANKLIN STREET  
ONE TAMPA CITY CENTER, SUITE 2800  
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **CEO** ☐ Delete  
NAME **Danan Johnson**  
STREET ADDRESS **11300 4th Street N., Suite 200**  
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **COO** ☐ Delete  
NAME **Mark Carriss**  
STREET ADDRESS **11300 4th Street N., Suite 200**  
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CFO** ☐ Delete  
NAME **Pamela Smith**  
STREET ADDRESS **11300 4th Street N., Suite 200**  
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Pamela Smith* **SIGNATURE:** *REC'D FOR* **SIGNATURE:** *Pamela Smith* **7/18/03** **727 579 3994**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)