HMENDED

## **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 EP-9 PM 2:27

				•	G0 17 18 2	1				
Principal Plac	ce of Business		Mailing Address		DIVERSION ALE	THEOR OC	RPORATIONS			
			11300 4TH STREET, NORTH ST. PETERSBURG FL 33716	SUITE	200 iALEL	AHA22F	E, FLORIDA_			
st. Petersbu	HG PL 33/10		SI. PETEROBUNG FL 33/10					1 <b>81</b> 111 <b>42180</b> 11	1184 11118 81185	0 15161 <b>48</b> 11 <b>188</b> 1
2 Principal S	Place of Rusiness		3. Mailing Address		<u></u>	-				1
2. Principal Place of Business			a. Maining Address				EJOST ALV ODVIA TROJI OBITI GALI	E BAICH URINU II		1 11511 <b>50</b> 11 1 <b>20</b> 1
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State						Applied For Not Applicable	
Zip	, c	Country	Zip	Coun	try	5. Certific	ate of Status Desired	×	\$5.00 A	
	6. Name and	Address of Current Re	gistered Agent			7. Name	and Address of New I	Registered	Agent	
SCH	HEINO WILLIAK	1.J.JR.			Name		·		v * *	
201 N. FRANKLIN STREET			رة الدروجيس المرابطية الاستفيالية		Street Address	(P.O. Box Nu	mber is Not Acceptable	e)	<u> </u>	
ONE TAMPA CITY CENTER, SUITE 2600 TAMPA FL 33602						- :	<del></del>			
					City	<del></del>			T Zin Ca	
	<u> </u>		<del></del>						<u> </u>	
8. The above the obligat	a named entity sul tions of registered	bmits this statement for the	ne purpose of changing its	registere	ed office or register	red agent! or	both, in the State of Flo	orida. Lam	familiar with	n, and accept
	3									
SIGNATURE	Signature, typed or pro	nted name of registered agent and	title if applicable. (NOTE:	Registered	d Agent signature required	when reinstating	)	DATE		
			FILE NO	WIII E	EE IS \$50.00			FL Zip Code State of Florida. I am familiar with, and accept		
			,	Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  urpose of changing its registered office or registered agent! or both, in the State of Florida. I am familiar with, and accept applicable.  (NOTE: Registered Agent signature required when rendating)  DATE  FILE NOW!!! FEE IS \$50.00  lake Check Payable to Florida Department of State  Due By September 24, 2003  NAGERS  10. ADDITIONS/CHANGES  CITY-ST-ZIP  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition						
<u> </u>	<u>.</u>			· ·	nber 24, 2003		<u> </u>			
9.	CEO	MANAGING MEMBERS		4-	<del></del>	- :	ADDITIONS	/CHANGES		T Large
NAME		hnson							L Change	
STREET ADDRESS		shoson N., Sw street N., Sw		STRE	ET ADDRESS					
CITY-ST-ZIP	st. Peku	sburg, FL 39	3716	CITY-	ST-ZIP					
TITLE NAME	Mark Cu	Mus			- 1				☐ Change	Addition
STREET ADDRESS	11300 411	"Street N., S	ute cos		1					
CITY-ST-ZIP St. PCKKSburg, SL 35716				CITY-	ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE	CFO		☐ Deleta	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	Pamela S	mim n Street-NO.	Suck con	NAME	T ADDRESS					
CITY-ST-ZIP		sburg FL 33		~ -	ST-ZIP	ب بید	ه لايماريسو الله است <u>اند</u> ا	~-·		- '
TITLE		<u> </u>	☐ Delete	TITLE		-			☐ Change	☐ Addition
NAME				NAME	- 1				-	
STREET ADDRESS CITY-ST-ZIP					T ADDRESS   St-zip					
TITLE		·	☐ Delete	TITLE	<del></del>				Change	Addition
NAME				NAME	J					
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP					ST-ZIP		<del></del>			
TITLE NAME			Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP					ST-ZIP					
11. I hereby c	ertify that the info	rmation supplied with thi	s filing does not qualify for t	he exem	option stated in Sec	ction 119.07(	3)(i). Florida Statutes. I	further cert	ify that the i	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: POMONSTILLE REGIONE Pamela IRE: POWER NOTICE PROPERTY PROPERTY OF AUTHORIZED REPRESENTATIVE 7/18/03 727 579 3994 Davtime Phone #