

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

3/2

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90030 011 \*\*\*\*50.00

DOCUMENT # L02000033637

1. Entity Name

SKILLED SERVICES OF SAN DIEGO, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11300 4TH ST. N.

3. Mailing Address

Same

Suite, Apt. #, etc.

STE. 200

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

4. FEI Number

61-1439838

Applied For

Not Applicable

Zip

33716

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**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. 2000

City

ORLANDO

FL

Zip Code

32802

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

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

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**DO NOT WRITE  
IN THIS SPACE**

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

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

MARK P. CURTIS, PRESIDENT OF  
SKILLED SERVICES CORPORATION

Date

Daytime Phone #

3/1/03

(727) 579-5794

CR2E083B (12/02)

*After Chment*

*44002586*

*# 102000033637*

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

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