

Amendment

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT -9 PM 2:03

LR10/24

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |                                            |                                                                                                                                      |                                                                                                       |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000033637</b><br>1. Entity Name<br><b>SKILLED SERVICES OF SAN DIEGO, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                            |                                                                                                                                      |                                                                                                       |                                                                              |
| Principal Place of Business<br><b>11300 4TH STREET, NORTH, SUITE 200<br/>ST. PETERSBURG, FL 33716</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                            | Mailing Address<br><b>11300 4TH STREET, NORTH, SUITE 200<br/>ST. PETERSBURG, FL 33716</b>                                            |                                                                                                       |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                            | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                            |                                                                                                       |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                            | City & State                                                                                                                         |                                                                                                       |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | Country                                    |                                                                                                                                      | Zip                                                                                                   |                                                                              |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  | Country                                    |                                                                                                                                      | 4. FEI Number<br><b>61-1439838</b>                                                                    |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                            |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>SCHIFINO, WILLIAM J JR.<br/>201 N. FRANKLIN STREET, SUITE 2600<br/>TAMPA, FL 33602</b>                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City <b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)</small>                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                            |                                                                                                                                      |                                                                                                       |                                                                              |
| <b>FILE NOW!! FEE IS \$50.00</b><br>Make Check Payable to Florida Department of State<br>Due By May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                                            |                                                                                                                                      |                                                                                                       |                                                                              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                            | 10. ADDITIONS/CHANGES                                                                                                                |                                                                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CEO<br>JOHNSON, DARIAN W<br>11300 4TH ST N STE 200<br>SAINT PETERSBURG, FL 33716 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | MGRM<br>Skilled Services Corporation<br>11300 4th Street North, Suite 200<br>St. Petersburg, FL 33716 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P<br>CURTISS, MARK P<br>11300 4TH ST N STE 200<br>SAINT PETERSBURG, FL 33716     | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       |                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CFO<br>SMITH, PAMELA A<br>11300 4TH ST N STE 200<br>SAINT PETERSBURG, FL 33716   | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       |                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>SEMBLER, M.S<br>11300 4TH ST N STE 200<br>SAINT PETERSBURG, FL 33716        | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       |                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       |                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       |                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 606, Florida Statutes. |                                                                                  |                                            |                                                                                                                                      |                                                                                                       |                                                                              |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |                                            | 9/22/03 727 579 3994                                                                                                                 |                                                                                                       |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                            |                                                                                                                                      |                                                                                                       |                                                                              |

Mark Curtiss, President of Skilled Services Corporation

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