

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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09-04-2003 90036 023 *****55.00

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DOCUMENT # L02000033638

1. Entity Name

SKILLED SERVICES OF AUSTIN, LLC



FILED

03 SEP -9 PM 2:23

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

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

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

61-1439826

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, SUITE 2600
ONE TAMPA CITY CENTER
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 reinstating)

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
NAME
Darian W. Johnson
STREET ADDRESS
11300 4th Street North, Suite 200
CITY-ST-ZIP
St. Petersburg, FL 33716 ☐ Delete

TITLE
NAME
Mark P. Curtiss
STREET ADDRESS
13000 4th Street North, Suite 200
CITY-ST-ZIP
St. Petersburg, FL 33716 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 608, Florida Statutes.

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)