Amendment

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -9 PM 1:58

10/24

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033640

1. Entity Name
SKILLED SERVICES OF DALLAS, LLC

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 61-1439827 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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's signature required when reinstating) DATE

FEE: NOW: FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE	CEO ☑ Delete	TITLE	MGRM ☐ Change ☑ Addition
NAME	JOHNSON, DARIAN W	NAME	Skilled Services Corporation
STREET ADDRESS	11300 4TH ST N STE 200	STREET ADDRESS	11300 4th Street North, Suite 200
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	P ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	CURTISS, MARK P	NAME	
STREET ADDRESS	11300 4TH N STE 200	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	CITY-ST-ZIP	
TITLE	CFO ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, PAMELA A	NAME	
STREET ADDRESS	11300 4TH ST N STE 200	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	CITY-ST-ZIP	
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	SEMBLER, M.S.	NAME	
STREET ADDRESS	11300 4TH N STE 200	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E083 (10/02)

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: _____ 9/22/03 727 579 3994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Mark Curtiss, President of Skilled Services Corporation