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

DOCUMENT # L02000033642

1. Entity Name



FILED Mar 19, 2003 8:00 am Secretary of State 03-19-2003 90047 002 ****50.00

SKILLE	D SERVICES OF HOUS	STON, LLC				
	DO NOT WRITE	IN THIS SE	PACE			
2. Principal Place of Business USOU 474 ST. N.		3. Mailing Address				
Suite, Apt. #, etc. STL . 200		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
ST. PETERSBUED, PL		City & State		4. FEI Number 61-1439831	Applied For Not Applicable	
zip 337/	6 Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
		7. Name and Address of Current Registered Agent Name WILLIAM J. SCHIMO, ESQ				
<u> </u>	<u>DO NOT W</u>			Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE						
•			City VAu		- July	
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.						
		All the second of the second o	EE IS \$50.00 e to Florida Departme			
		D	UE BY MAY 1	an organe		
9.	MANAGING MEMBER					
TITLE NAME	SKILLED SEMCES 11300 4TH ST. N., ST. PETERSEVEL,	CORPOLATION	TITLE NAME			
STREET ADDRESS	11300 4TH ST. N,	. SVE. 200	NAME STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSFIRE	4-387/6	CITY-ST-ZIP			
TITLE		10 00117	TILE	Control of the Contro	The relief of the state of the	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		*****	CITY-ST-ZIP			
TITLE			TITLE			
NAME STREET ADDRESS			NAME Street address			
CITY-ST-ZIP			CITY: ST-ZIP	DO_NOT WR	ITE	
TITLE			TITLE		Carrier and Carrie	
NAME			NAME	IN THIS SPA	CE	
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CITY-ST-ZIP		# t. t.	CITY-ST-ZIP			
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NAME	1		NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP			
11. I hereby o	ertify that the information supplied with t	his filing does not qualify for t	he exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further c	ertify 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.

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