2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L02000033643

Entity Name: SKILLED SERVICES OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 61-1439835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHIFINO, WILLIAM J JR
201 N. FRANKLIN STREET, SUITE 2600
ONE TAMPA CITY CENTER
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SKILLED SERVICES COR, PORATION
Address: 11300 4TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33716

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: SHANAHAN, KEIRIN BR MGR
Address: 11300 4TH STREET NORTH, SUITE 200
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TAMARA BELL ACCT 04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date