

Amendment

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -9 PM 2: 01.

LL
10/24**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000033643			
1. Entity Name SKILLED SERVICES OF SOUTH FLORIDA, LLC			
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 61-1439835		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHIFINO, WILLIAM J JR 201 N. FRANKLIN STREET, SUITE 2600 ONE TAMPA CITY CENTER TAMPA, FL 33602		7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when requesting)			
FILE NOW WITH FEE OF \$60.00 Mail a check payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JOHNSON, DARLAN W 11300 4TH ST N STE 200 SAINT PETERSBURG, FL 33716 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Skilled Services Corporation 11300 4th Street North, Suite 200 St. Petersburg, FL 33716 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURTISS, MARK P 11300 4TH ST N STE 200 SAINT PETERSBURG, FL 33716 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SMITH, PAMELA A 11300 4TH ST N STE 200 SAINT PETERSBURG, FL 33716 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEMBLER, M.S. - 11300 4TH ST N STE 200 SAINT PETERSBURG, FL 33716 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 606, Florida Statutes.			
SIGNATURE  9/26/03 727578-3994 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, RECEIVER, OR AUTHORIZED REPRESENTATIVE			

Mark Curtiss, President of Skilled Services Corporation

CFR2003 (1002)

900023675239
10/03/03 01075 016 250.00