

Amendment

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -9 PM 2:06

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

DOCUMENT # L02000033644					
1. Entry Name SKILLED SERVICES OF TAMPA BAY, 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 61-1439836	
				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 _____ (NOTE: Registered Agent's signature required when submitting)					
DATE _____					
FILE 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 ST 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 ST 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		
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:  9/24/0 727571394					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

Mark Curtiss, President of Skilled Services Corporation

CR2E083 (10/02)

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