Amendment

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -9 PM 2:40

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033645

1. Entity Name
SKILLED SERVICES OF JACKSONVILLE, 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 61-1439833 ☐ 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRP	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	SKILLED SERVICES CORPORATION		NAME		
STREET ADDRESS	11300 4TH ST N STE 200		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	CEO	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHNSON, DARIAN W		NAME		
STREET ADDRESS	11300 4TH ST N STE 200		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
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		

CR2E083 (10/02)

500023675275
10/09/03 01075 016 **250.00

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: _____ 10/22/03 2757993994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Mark Curtiss, President of Skilled Services Corporation