2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047995

Name:

Address:

City-St-Zip:

HAMMER, MARVIN C

BARTOW, FL 33830

2001 E.F. GRIFFIN ROAD

FILED Apr 28, 2008 Secretary of State

Entity Nar	ne: SNF MA	ANAGEMENT SERVICES, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
4175 MED LAKELANI	ULLA RD D, FL 33811				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX LAKELANI	7670 D, FL 338077	7670			
FEI Number:	59-3654828	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
WENDEL, JOHN F 225 EAST LEMON ST. STE 351 LAKELAND, FL 33813 US			WENDEL, JOHN F 336 W HIGHLAND DR SUITE 4 LAKELAND, FL 33813	336 W HIGHLAND DR	
	named entity e of Florida.	submits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/28/2008	
	npaign Financi	onic Signature of Registered Ager		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (CAMPBELL, 3 805 EASTON LAKELAND, F	DRIVE	Title: (Name: Address: City-St-Zip:)Change ()Addition	
Title: Name: Address: City-St-Zip:	VD (HUNT, BOB 8008 KRISTA ORLANDO, F		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	STD () Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SHERROD CAMPBELL PD 04/28/2008