2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P07000036214

1. Entity Name

SIGNATURE ...

SKILLED NURSING SERVICES, INC



Principal Place of Business

Mailing Address

6304 1ST AVE W BRADENTON FL 34209 2602 43RD ST W BRADENTON FL 34209

2. Principal Place	of Business - No P.O. Box #	3. Mailing Address G304 15T AVE	LW			
Suite, Apt. #, etc.		Stille Apt. #, etc.	į.			
City & State		BRADENTON, FL				
Zip	Country	Zip _ Countr	v			

FILED Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90117 033 ***158.75



1st MOORE

4. FEI Number 8695297

CR2E034 (10/07)

DATE

Trust Furid Contribution.

Zip	Country	34209	Country	5. Certificate of Status Desired	X	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
STOKES, ILIANA R 6304 1ST AVE W BRADENTON FL 34209		Name				
		Street Add	Street Address (P.O. Box Number is Not Acceptable)			
BRADE	N10N FL 34209					
			City			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.

(NOTE Registered Agord signature required when constituting

Signature, typed or praired name of negistered agent and title. I amplica-	ACID.
FILE NOW!!! FEE IS \$150.00	
After May 1, 2008 Fee Will Be \$550.00	

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Applied For Not Applicable

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 3171 F ☐ Delete TITLE Change ☐ Addition NAME STOKES, ILIANA R NAME STREET ADDRESS 6304 1ST AVE W STREET ADDRESS **BRADENTON FL 34209** DITY-ST-7IP CITY-ST-ZIP TITLE ☐ Derete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS OITY-ST-782 CITY - ST - ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Daiete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI- AP TITLE ☐ Deiete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment withyan address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08

941-794-575

Daytime Phone #