


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-25-2008 90117 033 \*\*\*158.75

<b>DOCUMENT # P07000036214</b> 1. Entity Name <b>SKILLED NURSING SERVICES, INC</b>					
Principal Place of Business <b>6304 1ST AVE W BRADENTON FL 34209</b>			Mailing Address <b>2602 43RD ST W BRADENTON FL 34209</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>6304 1ST AVE W</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>BRADENTON, FL</b>			
Zip	Country	Zip <b>34209</b>	Country	4. FEI Number <b>20-8695297</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STOKES, ILIANA R 6304 1ST AVE W BRADENTON FL 34209</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title. (NOTE: Registered Agent signature required when consolidating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STOKES, ILIANA R 6304 1ST AVE W BRADENTON FL 34209</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/07)

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/8/08 941-794-5759**