

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000001470

FILED
Jan 10, 2006
Secretary of State

Entity Name: SKILLED THERAPY SERVICES, INC.

Current Principal Place of Business:

D/B/A KENNEDY REHABILITATION
3603 CRILL AVE
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

D/B/A KENNEDY REHABILITATION
3603 CRILL AVE
PALATKA, FL 32177 US

New Mailing Address:

FEI Number: 59-3422554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEIGER, JOHN R ESQ.
4475 US 1 SOUTH
SUITE 406
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTD () Delete
Name: CHRISTOPHER C KENNEDY, Y
Address: 115 RIVERS EDGE DR
City-St-Zip: EAST PALATKA, FL 32131

Title: SD () Delete
Name: CANDICE L KENNEDY,
Address: 115 RIVERS EDGE DR
City-St-Zip: EAST PALATKA, FL 32131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CHRISTOPHER C KENNEDY

PVTD

01/10/2006

Electronic Signature of Signing Officer or Director

Date