## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P97000043237 (1) DOCUMENT #

SKILLED SERVICES CORPORATION OF TEXAS

## **FILED** Mar 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 11300 4TH STREET N. SUITE 200 11300 4TH STREET N. SUITE 200 ST PETERSBURG FL 33716 ST PETERSBURG FL 33716 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/15/1997 4 FELNumber 2. Principal Place of Business 2a. Mailing Address Applied For 59-3<del>4</del> Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes □ No 25 29 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name SEMBLER, M. STEVEN 11300 4TH STREET N. SUITE 200 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33716 83 84 Zip Code City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ☐ Addition 1.1 TITLE TITLE SEMBLER, M. STEVEN 1.2 NAME NAME 11300 4TH STREET N, SUITE 200 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33716 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE LOFTIN, JERRY D 2.2 NAME NAME 11300 4TH STREET N, SUITE 200 2.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33716 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 3.1 TITLE TITLE JOHNSON, DARIAN W NAME 3.2 NAME 11300 4TH STREET N. SUITE 200 3.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33716 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE Change \_\_\_ Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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