

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000043284**

1. Entity Name

**SKILLED SERVICES CORPORATION OF NORTH CAROLINA****FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90125 048 \*\*\*158.75

0394337

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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0766161**

Applied For

Not Applicable

5. Certificate of Status Desired

**16****\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****SEMBLER, M. STEVEN**  
**11300 4TH STREET N, SUITE 200**  
**ST PETERSBURG FL 33716****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
NAME **D SEMBLER, M. STEVEN**  
STREET ADDRESS **11300 4TH STREET N, SUITE 200**  
CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE ☐ Delete  
NAME **D JOHNSON, DARIAN W**  
STREET ADDRESS **11300 4TH STREET N, SUITE 200**  
CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harmon W. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-01

Date

(727) 574-0075

Daytime Phone #

CR2E034 (10/00)