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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000054810

1. Corporation Name

SKILLED	SERVICES CORPORATION	OF TENNESSEE				, 6.	Egit For	•	
Principal Place	e of Business	Mailing Address							-
11300-4TH STR		11300-4TH STREET NORTH							
SUITE 200		SUITE 200							
ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 06/15/1998	· · · · · · · · · · · · · · · · · · ·	1. 40	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21							 .		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•			5. Certifcate of Status Desired	×	\$ 8.75 .4 Fee Re	
22 Site 8 State		City & State			 		<u> </u>		
City & State		<u>├</u>				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
23 Zip	Country		Countr	~		8. This corporation owes the cur	ment went le		0,000
	. [25]	29 3	_	,		Personal Property Tax.	nent year n	Yes	×Νο
24	9. Name and Address of Current		<u>, </u>			10. Name and Address of New	Registered		
	3. (tgille dite receises of California	Trogistaria rigani	8	1 N	ame				
CRO	NIN, MICHAEL T			<u>.</u>					
C/O	JOHNSON, BLAKELY, POPE, BO	KOR, P.A.	82	2 5	reet Addre	ess (P.O. Box Number is Not Accep	table)		
911 (CHESTNUT STREET		83	3					
CLEA	ARWATER FL 33756	,	L						
			84	4 Ci	ty		FI	85 Zip (Code
11, Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations.	2 and 607.1508, Fiorida Statutes of Florida. Such change was auth ions of, Section 607.0505, Florid	the above norized by a Statute	ve-na y the	med corpo corporatio	pration submits this statement for the n's board of directors. I hereby acce	ept the appo	of changing its sintment as re	registered gistered
SIGNATURE	•			_					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agi	_		when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agr	ent sign			DATE		
SIGNATURE 12. TITLE	Signature, typed or partied name of registered agent OFFICERS ANI	and title if applicable. (NOTE: Re	13.	ent sign		when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D SEMBLER, STEVEN	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	ent sign	atura (equired	when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D SEMBLER, STEVEN 11300-4TH STREET NORTH	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent sign	atura (equired	when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D SEMBLER, STEVEN 11300-4TH STREET NORTH ST. PETERSBURG FL 33716	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent sign ET ADDI ST-ZIP	atura (equired	when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI D SEMBLER, STEVEN 11300-4TH STREET NORTH ST. PETERSBURG FL 33716 D	and title if applicable. (NOTE Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	ET ADD	atura (equired	when reinstating)	DATE	ND DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filling 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 on an attachment with an adgress, with all other like empowered.

SIGNATURE:

FILED Feb 21, 1999 8:00 am

Secretary of State

02-21-1999 90018 050 ***158.75