

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

0849441 AT

DOCUMENT # F00000006159

1. Entity Name

JOHN ALDEN HORIZON HEALTH, INC.



04-11-2003 90124 021 ***150.00

Principal Place of Business
**501 WEST MICHIGAN ST.
MILWAUKEE WI 53203**

Mailing Address
**P.O. BOX 3050
MILWAUKEE WI 53201-3050**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0457005

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **CUTLER, BENJAMIN M**
STREET ADDRESS **501 W. MICHIGAN**
CITY-ST-ZIP **MILWAUKEE WI 53203**

TITLE **President** Change Addition
NAME **Donald G. Hamm, Jr.**
STREET ADDRESS **501 W. Michigan**
CITY-ST-ZIP **Milwaukee, WI 53203**

TITLE **D** Delete
NAME **POLLOCK, ROBERT B**
STREET ADDRESS **1 CHASE MANHATTAN PLAZA**
CITY-ST-ZIP **NEW YORK NY 10005**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **CUTLER, BENJAMIN M**
STREET ADDRESS **501 WEST MICHIGAN**
CITY-ST-ZIP **MILWAUKEE WI 53203**

TITLE Change Addition
NAME
STREET ADDRESS **1 Chase Manhattan Plaza**
CITY-ST-ZIP **New York, NY 10005**

TITLE **V** Delete
NAME **LAU, GARY L**
STREET ADDRESS **501 WEST MICHIGAN**
CITY-ST-ZIP **MILWAUKEE WI 53203**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **MAYBERRY, ANN G**
STREET ADDRESS **501 W MICHIGAN**
CITY-ST-ZIP **MILWAUKEE WI 53203**

TITLE Change Addition
NAME **Ann G. Mayberry-French**
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** Delete
NAME **HAMM, DONALD G**
STREET ADDRESS **501 WEST MICHIGAN**
CITY-ST-ZIP **MILWAUKEE WI 53203**

TITLE Change Addition
NAME **Treasurer**
NAME **Howard C. Miller**
STREET ADDRESS **501 W. Michigan**
CITY-ST-ZIP **Milwaukee, WI 53203**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann G. Mayberry-French
SIGNATURE REQUIRED

Ann G. Mayberry-French, 04/07/03, 414.299.8053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)