

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90030 044 ****50.00

DOCUMENT # L99000006379

1. Entity Name
ALPINE HEALTH AND REHABILITATION CENTER, LLC



Principal Place of Business

**3456 21 AVENUE SOUTH
ST. PETERSBURG FL 33711**

Mailing Address

**3456 21 AVENUE SOUTH
ST. PETERSBURG FL 33711**

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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-4321373**

36-4403592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES, INC.
3953 WW KELLEY RD.
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name
Senior Health Management, LLC
Street Address (P.O. Box Number is Not Acceptable)
C/O Bart Wyatt
100 2nd Ave. S. Suite 9015
City **St. Petersburg** FL Zip Code **33701**

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.

BART WYATT

(NOTE: Registered Agent signature required when reinstating)

JAN 15 2003

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **EXTENDICARE HEALTH FACILITIES, INC.**
STREET ADDRESS **111 W MICHIGAN ST.**
CITY-ST-ZIP **MILWAUKEE-WI 53203**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Senior Health - ALPINE, LLC**
STREET ADDRESS **3456 21 AVE SOUTH**
CITY-ST-ZIP **St. Petersburg, FL 33711**

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

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Margaret R. McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/10/03 727-327-1988

Date

Daytime Phone #

CR2E083 (10/02)