

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852654 (3)
1. Corporation Name
EXTENDICARE HEALTH FACILITIES, INC.



Principal Place of Business Mailing Address
105 W. MICHIGAN ST % TAX DEPT.
MILWAUKEE WI 53203 105 W. MICHIGAN ST % TAX DEPT.
MILWAUKEE WI 53203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/21/1982

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	39-1045271	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AVD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINAUER, THOMAS A	1.2 NAME	
STREET ADDRESS	105 W MICHIGAN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADLY, FREDERICK B.	2.2 NAME	
STREET ADDRESS	105 W. MICHIGAN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	
TITLE	VDA <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTRAND, RICHARD L.	3.2 NAME	
STREET ADDRESS	105 W. MICHIGAN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GUY W.	4.2 NAME	J. WESLEY CARTER
STREET ADDRESS	105 W MICHIGAN ST	4.3 STREET ADDRESS	105 W. MICHIGAN ST.
CITY-ST-ZIP	MILWAUKEE WI	4.4 CITY-ST-ZIP	MILWAUKEE, WI. 53203
TITLE	VDA <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, LELAND M. JR.	5.2 NAME	
STREET ADDRESS	105 W MICHIGAN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	5.4 CITY-ST-ZIP	
TITLE	VCA <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMOWSKI, ROBERT	6.2 NAME	VICE PRESIDENT
STREET ADDRESS	105 W. MICHIGAN ST.	6.3 STREET ADDRESS	WALTER A. LEVONOWICH
CITY-ST-ZIP	MILWAUKEE WI	6.4 CITY-ST-ZIP	105 W. MICHIGAN ST.

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. WALTER A. LEVONOWICH

SIGNATURE *Walter A. Levonowich* 11/21/98 4:24 PM

CR2E034 (10/97)