


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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90211 002 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 852654**  
 1. Corporation Name  
**EXTENDICARE HEALTH FACILITIES, INC.**

Principal Place of Business 105 W. MICHIGAN ST % TAX DEPT. MILWAUKEE WI 53203	Mailing Address 105 W. MICHIGAN ST % TAX DEPT. MILWAUKEE WI 53203
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified <b>04/21/1982</b>	
4. FEI Number <b>39-1045271</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input 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	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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, with all other like empowered.

SIGNATURE: Walter A. Levonwich REQUIRE WALTER A. LEVONWICH 4/22/99 (414) 908-8093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)