

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 852654

1. Entity Name
EXTENDICARE HEALTH FACILITIES, INC.



Principal Place of Business
111 W. MICHIGAN ST.
MILWAUKEE, WI 53203

Mailing Address
111 W. MICHIGAN ST.
MILWAUKEE, WI 53203

\$150.00

FILED

04 MAY -7 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232004 No Chg-P CR2E034 (10/03)

04

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1045271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAGNER, L W 111 W. MICHIGAN ST. MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BERTRAND, RICHARD L. 111 W. MICHIGAN ST. MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS CARTER, ROCH 111 W. MICHIGAN ST. MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HARRIS, DOUGLAS J 111 W MICHIGAN ST MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV SMALL, PHILLIP W 1110 W MICHIGAN ST MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RHINELANDER, MELVIN A. 111 W MICHIGAN ST MILWAUKEE, WI 53203

800036557788
05/18/04--01062--019 **500.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas J Harris

4/27/04

414/908-8000

Date

Daytime Phone #