APPROVED' 2000 UNIFORM BUSINESS REPOR DOCUMENT # L99000005906 1. Entity Name 00 JUN 27 PM 3: 02 SARASOTA CARE, LLC SECRETARY OF STATE
TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 111 W MICHIGAN ST. 111 W MICHIGAN ST. MILWAUKEE WI 53203 MILWAUKEE WI 53203-2903 2. Principal Place of Business 3. Mailing Address FRUITUILLE RD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEXIS DOCUMENT SERVICES, INC. Street Address (P.O. Box Nurther its Not Acquetion 7.5 = 2.0 3953 WW KELLEY RD. -06/05/00— -01005 - 013 ***1450.00 TALLAHASSEE FL 32311 ****50.00 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!L FEE-IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. Deleta TITLE TITLE MGRM MIME NORTHERN HEALTH FACILITIES, INC. NAME STREET ADDRESS 111 W MICHIGAN ST. STREET ADDRESS Щ CITY-ST-ZIP CITY- ST- 71P MILWAUKEE WI 53203 Addition Change TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 71 Change Addition TITLE Delete STREET ADDRESS TREE CITY - 21 - 21P 27 - 81 - ZIP Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Addition Change TITLE TITLE Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY- ST- 71P 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 eath; 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

WACKER A. LEUDNOWICH 4/28/00 414/908