

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000005907

1. Entity Name  
**SEMINOLE CARE, LLC**



Amended

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 29 PM 12:35

22 10/04

Principal Place of Business  
9393 PARK BLVD.  
SEMINOLE, FL 33777

Mailing Address  
111 WEST MICHIGAN STREET  
MILWAUKEE, WI 53203



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

111 W. Michigan St.  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Milwaukee, WI

Zip

Country

Zip

Country

53203

USA

4. FEI Number  
**36-4321380**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when appointing)

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

|                                                |                                                                                       |                                 |                                                |                                                                   |
|------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>NORTHERN HEALTH FACILITIES, INC.<br>111 W MICHIGAN ST.<br>MILWAUKEE, WI 53203 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 606, Florida Statutes.

SIGNATURE: Douglas J. Harris 9/18/03 414-9084153  
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Certificate Phone #

CH2E083 (1/0/02)

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