## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L9900005908 1. Entity Name SAFETY HARBOR CARE, LLC Principal Place of Business Mailing Address 111 W MICHIGAN ST. MILWAUKEE WI 53203 MILWAUKEE WI 53203 2. Principal Place of Business MILWAUKEE WI 53203-2903 2. Principal Place of Business MILWAUKEE WI 53203-2903 3. Mailing Address MILWAUKEE WI 53203-2903 City & State City & State City & State City & State Country Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State Country Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State Country Suite, Apt. #, etc. City & State Suite, Apt. #, etc.

APPROVED AND FILED

00 JUN 27 PM 3: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA



1410 For	URTH STREET NORTH							
	Suite, Apt. #, etc. Suite, Apt.		ot. #, etc.		DO NOT WRITE IN THIS SPACE			
SAFER HARBOR, FL		City & State	City & State		4. FELNumber 4321391		pplied For of Applicable	
3469	Country	Zip	Country	5. Certifi	cate of Status Desired	\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
		Name	Name					
LEXIS DOCUMENT SERVICES, INC.			Stroot Addro	Street Address (P.O. Box Number is Not Acceptable)				
3953 WW KELLEY RD.			Street Address (r.o. Box Nutriber is Not Acceptable)					
TALLAHAS								
17122 11 510		City			Zip Cod			
	City	City Zip Code						
8. The above	named entity submits this statement for t	he purpose of changing its re	egistered office or regi	stered agent, o	r both, in the State of Florida.			
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE								
FILE-NOW!!!-FEE-IS:\$50:00								
		Make Check Paya	able to Departmen	t of State				
					5			
9.	MANAGING MEMBER	RS/MEMBERS	10.		ADDITIONS/CHANGE			
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NAME	NORTHERN HEALTH FACILITIES, I	NAME						
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CITY-87-ZIP	certify that the information supplied with the		CITY-ST-ZIP					

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 608, Florida Statutes.

**SIGNATURE** 

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

Date

Daytime Phone #