

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

DOCUMENT # L99000005908

1. Entity Name
SAFETY HARBOR CARE, LLC



Principal Place of Business
**1410 FOURTH STREET NORTH
SAFETY HARBOR, FL 34695**

Mailing Address
**1410 FOURTH STREET NORTH
SAFETY HARBOR, FL 34695**

Amended

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 29 PM 12:33**

W 10/08



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

111 W. Michigan St

3. Mailing Address

111 W. Michigan St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milwaukee, WI

City & State

Milwaukee, WI

Zip

53203

Country

USA

Zip

53203

Country

USA

4. FEI Number

36-4321391

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when electing.)

DATE

**Make Check Payment to Florida Department of State
Due By May 17, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NORTHERN HEALTH FACILITIES, INC.
111 W MICHIGAN ST.
MILWAUKEE, WI 53203**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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

414-905-8153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (1/002)

**500023672045
10/09/03--11070--013 **300.00**