

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90030 001 *1,400.00

DOCUMENT # L99000005909

1. Entity Name
PORT CHARLOTTE CARE, LLC



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

Mailing Address
111 WEST MICHIGAN STREET
MILWAUKEE, WI 53203

DO NOT WRITE IN THIS SPACE



04222005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
36-3421416

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

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Douglas J. Harris

4/27/05

Date

414-908-8000

Daytime Phone #