

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005909

1. Entity Name
PORT CHARLOTTE CARE, LLC



Principal Place of Business
18480 TOLEDO BLADE BLVD.
PORT CHARLOTTE, FL 33948

Mailing Address
111 WEST MICHIGAN STREET
MILWAUKEE, WI 53203

2. Principal Place of Business

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

3. Mailing Address

Suite, Apt. #, etc.

City & State

Milwaukee WI
Zip 53203 Country USA

City & State

Zip

Country

4. FEI Number

36-3421416

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 submitting)

DATE

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

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ 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 of the filer or a trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

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

Douglas J. Harris

9/18/03

414-908-8153

Case

Deputy Phone #

Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29 PM 12:40



☐ CHECK HERE IF MAKING CHANGES

LR 10/08

CR2E083 (10/02)

2000-23672072
10/03/03-1070-013 **300.00