

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

05-01-2003 90190 001 \*1,400.00  
L99000005911

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**FILED**

03 MAY 16 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

**DOCUMENT # L99000005911**

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



Principal Place of Business  
**2511 JOHN YOUNG PARKWAY  
KISSIMMEE FL 34741**

Mailing Address  
**111 WEST MICHIGAN STREET  
MILWAUKEE WI 53203**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **36-4321390**

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	
<b>LEXIS DOCUMENT SERVICES, INC. 3953 WW KELLEY RD. TALLAHASSEE FL 32311</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM NORTHERN HEALTH FACILITIES 111 W MICHIGAN ST. MILWAUKEE WI 53203</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **SIGNATURE REQUIRED** *Debra J. Harris* *4/21/03* *914 908 8838*

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)