

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001008

DOCUMENT # L99000005912

1. Entity Name

JACKSONVILLE CARE, LLC

Principal Place of Business

4101 SOUTHPOINT DRIVE EAST  
JACKSONVILLE FL 32216

Mailing Address

4101 SOUTHPOINT DRIVE EAST  
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.  
3953 WW KELLEY RD.  
TALLAHASSEE FL 32311

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

400005502444--8  
-05/10/02--01031--012  
\*\*\*1400.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*SIGNATURE REQUIRED*

DOUGLAS J. HARRIS

4/19/02

914/908-8438

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

Date

Daytime Phone #

CR2E083 (9/01)

FILED  
02 MAY 10 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

5810

4. FEI Number

36-4321383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required