

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 A
Secretary of State

DOCUMENT # L99000005912

1. Entity Name
JACKSONVILLE CARE, LLC



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

Mailing Address
111 W MICHIGAN ST
MILWAUKEE, WI 53203



01062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4321383

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, 2007**

U00000730120
05/08/07-80067-001 1400.00

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

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CITY- ST- ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

Richard Bertrand

4/11/07

414-908-8093