2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005912

1. Entity Name
JACKSONVILLE CARE, LLC

Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29 PM 12:30

W 10/08

Principal Place of Business	Mailing Address
4101 SOUTHPOINT DRIVE EAST JACKSONVILLE, FL 32216	111 W MICHIGAN ST MILWAUKEE, WI 53203

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
111 W. Michigan St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Milwaukee, WI	City & State:
Zip: 53203 Country: USA	Zip: Country:

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

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. 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

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NORTHERN HEALTH FACILITIES, INC.		NAME	
STREET ADDRESS	111 W MICHIGAN ST.		STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E083 (10/02)

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10/03/03--01070--013 **300.00

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: Douglas J. Harris 9/18/03 414-908-8153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #