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

WL 10/08

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

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

☒ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
LEXIS DOCUMENT SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301	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 submitting) DATE

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

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