

2001 UNIFORM BUSINESS REPORT (UBR)

9082800
SP

DOCUMENT # **L99000006374**

1. Entity Name

SOUTH HERITAGE HEALTH & REHABILITATION CENTER, L

FILED

01 MAY -3 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

718 LKAEVIEW AVE., SOUTH
ST.PETERSBURG FL 33705

Mailing Address

718 LKAEVIEW AVE., SOUTH
ST.PETERSBURG FL 33705

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

36-4321432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

300004323713--7
-05/25/01--01076--006
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

NICOLA FREQUENTUATER A. LEONOWICH 4/19/01 414/908-8093

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

Date

Daytime Phone #

CR2E083 (11/00)