2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006374

1. Entity Name

SOUTH HERITAGE HEALTH & REHABILITATION CENTER, L
LC

Principal Place of Business	Mailing Address
718 LAKEVIEW AVE., SOUTH ST.PETERSBURG FL 33705	718 LAKEVIEW 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

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4321432

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. 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
Due By May 1, 2002

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-05/10/02--01031--012
*****100.00 *****50.00

9. MANAGING MEMBERS/MANAGERS		**10.**	ADDITIONS/CHANGES		
TITLE **MGRM** NAME **EXTENDICARE 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E083 (9/01)

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   414/908-8438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #