

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90030 001 *1,400.00

DOCUMENT # L99000006374

1. Entity Name
SOUTH HERITAGE HEALTH & REHABILITATION
CENTER, LLC



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

Mailing Address
111 W. MICHIGAN ST.
MILWAUKEE, WI 53203

30005594



04252005 Chg-LLC CR2E083 (10/03)

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

~~33-4403592~~ 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

LEXISNEXIS DOCUMENT SOLUTIONS 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 reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ 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:

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

Douglas J. Harris

4/27/05

Date

414-908-8000

Daytime Phone #

(IRS USE ONLY) 575C 364321432 10-20-1999 SOUT B 0950505038 SS-4

ATTACHMENT

- 30005594
#L99 000006374

Please use the label IRS provided when filing tax documents and FTD coupons when making FTD payments. If that isn't possible, you should use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

SOUTH HERITAGE HEALTH &
REHABILITATION CENTER LLC
NORTHERN HEALTH FAC INC SINGLE MMBR
111 W MICHIGAN ST
MILWAUKEE WI 53203

If this information isn't correct, please correct it using the bottom part of this notice. Return it to us at the address shown so we can correct your account.

Thank you for your cooperation.

Keep this part for your records.

CP 575 C (Rev. 1-1995)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 C

0950505038

Your Telephone Number (414) 908 - 8169 Best Time to Call 8:00 - 6:00 DATE OF THIS NOTICE: 10-20-1999
EMPLOYER IDENTIFICATION NUMBER: 36-4321432
FORM: SS-4

INTERNAL REVENUE SERVICE
KANSAS CITY MO 64999

Exentcare Health Facilities, Inc.
FED: 39-1045271

SOUTH HERITAGE HEALTH &
REHABILITATION CENTER LLC
NORTHERN HEALTH FAC INC SINGLE MMBR
111 W MICHIGAN ST
MILWAUKEE WI 53203