2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

LL 10/08

DOCUMENT # L99000006374

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

Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29 PM 1:18

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

☒ CHECK HERE IF MAKING CHANGES

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

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SENIOR HEALTH PROPERTIES SOUTH 100 2ND AVE S STE 901 SO SAINT PETERSBURG, FL 33701 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Extendicare Health Facilities, Inc. 111 W. Michigan St. Milwaukee, WI 53203 ☒ 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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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] 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 #