

2001 UNIFORM BUSINESS REPORT (UBR)

| | | | |
|--|---------|---|---------|
| DOCUMENT # L99000006979 | | | |
| 1. Entity Name JACKSON HEIGHTS REHABILITATION CENTER, LLC | | | |
| Principal Place of Business 1404 NW 22ND STREET MIAMI, FL 33142 | | Mailing Address 111 WEST MICHIGAN STREET MILWAUKEE, WI 53203 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED
2001 MAY -2 PM 12:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|---|--|
| 4. FEI Number 36-4321425 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES, INC 3953 WW KELLEY ROAD TALLAHASSEE, FL 32311 | | 7. Name and Address of New Registered Agent 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

200004326312-16
-05/29/01--01150--008
*****50.00 *****50.00

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM EXTENDICARE HOMES 111 WEST MICHIGAN STREET MILWAUKEE, WI 53203 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

I, 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:  **WALTER A. LEVONOWICH**

04/24/01

414/908-8093

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

Date

Daytime Phone #